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SLE PUBLICATION SERIES - S265

Inclusion Grows

Developing a manual on disability mainstreaming for the German Development Cooperation - Case Study Namibia

Bettina Kieck, Diana Ayeh, Paul Beitzer, Nora Gerdes, Philipp Günther, Britta Wiemers



2016

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Case study in Namibia

Seminar für Ländliche Entwicklung | Centre for Rural Development

SLE has been offering practice-oriented vocational education and training for future experts and managers in the field of international development cooperation since 1962. The courses range from Postgraduate Studies to Training Courses for international experts in Berlin to practice-oriented research and Consultancy for Organizations and Universities active in the field of development cooperation.

Bettina Kieck (Team Leader)

Pedagogy and Social Science

E-mail: bekieck@outlook.de

Diana Ayeh

M.A. African Studies

E-mail: diana_ayeh@yahoo.de

Paul Beitzer

M.Phil. Development Studies/ M.Phil. Social and Cultural Anthropology

E-mail: paulbeitzer@posteo.de

Nora Gerdes

M.Phil. Development Studies

E-mail: nora.gerdes@gmail.com

Philipp Günther

Dipl.-Ing. (MSc) Civil & Water Engineering

E-mail: phil.gu@gmx.de

Britta Wiemers

M.A. Peace and Conflict Research

E-mail: britta.wiemers@gmx.de

SLE Postgraduate Studies on International Cooperation

PUBLICATION SERIES S 265

Study commissioned by

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

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Bettina Kieck

Diana Ayeh

Paul Beitzer

Nora Gerdes

Philipp Günther

Britta Wiemers

Berlin, March 2016

Supported by



Senate Department
for Economics, Technology
and Research



SLE PUBLICATION SERIES S 265

Editor	Humboldt-Universität zu Berlin SLE Postgraduate Studies on International Cooperation Hessische Str. 1-2 10115 Berlin Germany Tel. +49 30 2093-6900 FAX: +49 30 2093-6904 E-mail: sle@agrar.hu-berlin.de Website: www.sle-berlin.de
Backstopper	Wolfram Lange Dr. Karin Fiege
Print	Zerbe Druck&Werbung Planckstr. 11 16537 Grünheide Germany
Distribution	SLE Hessische Str. 1-2 10115 Berlin Germany
Cover photo	Diana Ayeh
Copyright	2016 by SLE 1 st Edition 2016 (1-150) ISSN 1433-4585 ISBN 3-936602-71-9

Foreword

For 53 years, the Centre for Rural Development (Seminar für Ländliche Entwicklung, SLE) at the Humboldt Universität zu Berlin has trained young professionals in the field of German and international development cooperation.

Three-month practical projects conducted on behalf of German and international organisations in development cooperation form an integral component of the one-year postgraduate course. In interdisciplinary teams and with the guidance of experienced team leaders, young professionals carry out assignments on innovative future-oriented topics, providing consultant support to the commissioning organisations. Involving a diverse range of actors in the process is of great importance here, i.e. surveys from the household level to decision-makers and experts at national level.

The studies are mostly linked to rural development (including the management of natural resources, climate change, food security or agriculture), the cooperation with fragile or less developed countries (including disaster prevention, peace building, and relief), or the development of methods (evaluation, impact analysis, participatory planning, process consulting and support). Over the years, SLE has carried out over two hundred consulting projects in more than ninety countries, and regularly publishes the results in this series. In 2015, SLE teams completed studies in Ghana, the Philippines, Mozambique and Namibia.

The present study is the synthesis of the development and testing of a methodology on the systematic inclusion of persons with disabilities within two priority areas of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in the specific Namibian context as well as the elaboration of a manual for development planners and practitioners of the German Development Cooperation (GDC).

The study was commissioned by the GIZ's "Inclusion of Persons with Disabilities" and is revised by a steering committee of professionals working in the context of disability inclusion.

The full report is available from the SLE and downloadable from the SLE website.

Prof. Dr. Uwe Schmidt
Director
Albrecht Daniel Thaer Institute
Humboldt-Universität zu Berlin

Dr. Susanne Neubert
Director
Centre for Rural Development (SLE)
Humboldt-Universität zu Berlin

Acknowledgements

We would like to express our sincere appreciation to all people and organisations involved in the elaboration of a manual on disability mainstreaming for the German Development Cooperation (GDC). Firstly, we would like to thank the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and in particular Alexander Hobinka and Ingar Dühning from the Inclusion of Persons with Disabilities programme, for initiating and commissioning this study.

We would also like to thank the following institutions and individuals:

The “Thementeam Inklusion” of the Federal Ministry for Economic Cooperation and Development (BMZ) and especially Christian Papadopoulos and François De Keersmaecker for their support throughout the whole research process.

A very special thanks goes to the Namibian DPO representatives Daniel Trum and Elia Shapwa who contributed in a unique way to the success of the field research in Namibia by sharing their knowledge, expertise and commitment with the SLE team.

In Namibia, we would also like to thank our partners in the Promotion of Vocational Education and Training (ProVET) and Transport programmes, especially Leif Puschmann and Marijke Overeem as well as Prof. Heinrich Semar and Ernst-Benedikt Riehle. Furthermore, we would like to express our appreciation to our collaboration partners at the University of Namibia (UNAM) in Ongwediva, especially to Dr. Rolf Baur, Dr. Petrina Johannes and William Hangula.

We are grateful to all the interviewees for supporting the study from the start, and particularly for their openness, honesty and reflective responses.

And lastly, our sincere thanks to our director Susanne Neubert and the scientific staff at the SLE Berlin for their professional support, backstopping and expedient advice during the study period. We would also like to express our appreciation to all of the administrative staff at the SLE for their unwavering support and cooperation.

Executive summary

With ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007, the relevance of disability inclusion became increasingly important in the field of international cooperation. The convention set a holistic framework ensuring equal rights and the full participation of persons with disabilities within their respective societies and on a global scale. Furthermore, the affiliated countries committed in Article 32 of the convention to undertake appropriate and effective measures to ensure the inclusiveness and accessibility of their international development programmes (UN, 2006).

It is beyond dispute that the UNCRPD is a crucial and much-needed global policy framework. Nevertheless, the discrepancy between ratification of the UNCRPD and its implementation is still evident in many countries. The commitment of responsible actors and decision-makers needs to be strengthened. This seems especially crucial against the backdrop of poverty eradication as a fundament of national and international policy frameworks like the Sustainable Development Goals (SDGs). In this regard, the correlation between poverty and disability gained extensive attention in development strategies and scientific discourses. While international institutions like the World Bank (WB) and World Health Organization (WHO) emphasise the “vicious cycle” of poverty and disability (WHO, 2015; World Bank, 2015), recent research scrutinises this connection for its weak empirical validity (Ingstad, Eide, 2011).

This is reflected in the inaccurate and fragmentary nature of empirical data concerning the situation of persons with disabilities, especially in the Global South (Groce et al., 2011). Nevertheless, current statistics provide a rough impression of the global scope of disability and the challenges persons with disabilities face in daily life. According to the WHO, more than one billion people worldwide live with some form of disability, which equates to 15% of the world’s population. Furthermore, 80% of this group lives in the Global South, and the WB states that 20% of the world’s poorest live with some form of disability (WHO, 2015; WB, 2015). While these statistics are not entirely validated, they still underscore the need to strengthen the inclusion of persons with disabilities as agreed within the UNCRPD.

Germany ratified the convention in 2009 and demonstrated its commitment with publication of an “Action Plan for the Inclusion of Persons with Disabilities” by the German Ministry for Economic Cooperation and Development (BMZ, 2013). This document outlines the conceptual framework and formulates concrete steps

and measures for including the needs and rights of persons with disabilities into the German Development Cooperation (GDC). Furthermore, the BMZ established the GIZ “Inclusion of Persons with Disabilities” sector programme to strengthen the inclusion of persons with disabilities within the GDC. As the publication of a manual on disability inclusion is formulated as one specific activity within the Action Plan, the sector programme commissioned the Centre for Rural Development (SLE) with the present study.

Within the scope of the assignment set by the GIZ “Inclusion of Persons with Disabilities” sector programme, the research team was commissioned to elaborate two products.

- Firstly, the research team conducted field research in Namibia and prepared a case study containing recommendations for the GIZ’s “Promotion of Vocational Education and Training” (ProVET) and Transport programmes to strengthen the inclusion of persons with disabilities within their activities. The findings from the field research are presented in this publication.
- Secondly, a disability mainstreaming manual for the GDC was drafted in cooperation with the GIZ sector programme. The manual should enable planners, practitioners and partners of the GDC to systematically consider the inclusion of persons with disabilities within their work. As disability issues are intersectional and relevant for the vast majority of all development projects, the topic is to be systematically mainstreamed into the work of the GDC.

The need for systematic disability mainstreaming is also reflected in the research assignment that is guided by the twin-track approach, a popular instrument in the field of disability inclusion. Here, the successful inclusion of persons with disabilities can only be achieved by implementing targeted initiatives (mainly reflected in the formulation of recommendations) and general mainstreaming activities (mainly reflected in drafting of the manual), making persons with disabilities part of every project or programme. This link between practice and theory leads to the conceptual framework (Chapter 2) that was used for elaboration of the study and the manual alike.

The chapter detailing the conceptual framework and study objectives describes the evolution of different perceptions and concepts of disability. Beginning with a critical examination of the individual/medical approach, the social model of disability is introduced as the theoretical foundation of the study. Providing clarification on the concepts of various impairments (physical, sensory, cognitive and psychiatric) and barriers (attitudinal, environmental and institutional), disability is

understood as the result of the impairment(s) of a person and the barriers this person faces in his or her daily life. The social model of disability and human rights-based approach are the theoretical underpinning of the UNCRPD. They challenge the medical model or charity approach that still prevail in many contexts around the world, often contradicting the inclusion of persons with disabilities in their respective societies. This understanding of disability provided the framework for the field research, as the identification of various barriers was the starting point for the formulation of recommendations.

To address the far-reaching exclusion of persons with disabilities, it is necessary to give a rough outline of the process-related key concepts of inclusion. These are exclusion/segregation, integration/assimilation, and finally inclusion with the aim of achieving equality for persons with disabilities in all spheres of life. To achieve this ambitious goal, it seems necessary to systematically mainstream disability issues into the work of the GDC. Therefore, the study illustrates the aforementioned twin-track approach and the three dimensions of mainstreaming in terms of organisations and institutions (structure, content and staff). It is important that organisations themselves become inclusive within their own structures, not just in terms of their project management.

The need to systematically mainstream disability in all sectors and projects of the GDC is rooted in the intersectional nature of disability that leads to forms of multidimensional discrimination against persons with disabilities. Therefore, intersectionality as outlined in the conceptual chapter is one of the basic premises of the study. As intersectional characteristics of disabilities differ widely according to the social-cultural contexts that persons with disabilities live in, the conceptual part of the study concludes with a section on the importance of sensitiveness to the interrelations between culture and disability.

The awareness of intersectionality and cultural sensitiveness to disability in the context of development cooperation was especially important for the field research in Namibia. The country profile found in Chapter 3 gives a brief introduction to the Namibian context and presents the GIZ's ProVET and Transport programmes. Although vast in its territorial size, Namibia is sparsely populated with a total of 2,113,070 inhabitants (Republic of Namibia, 2011). Due to the shared colonial past of Namibia and Germany and the recent political controversy about the consequences following the genocide of the Herero and Nama people by German colonizers (1904-1908), the GDC plays an important role in the country: calculated on a per capita basis, *Namibia* is the largest recipient of development *aid* from the Federal Republic of *Germany* in Africa (BMZ 2015). As Namibia was recently classi-

fied as an upper-middle-income country, many donors left the country. However, the unequal distribution of income among the various population groups is one of the highest in the world (World Bank, 2015). Persons with disabilities are particularly affected by these inequalities and often left behind in their families and communities. Therefore, the opportunities of persons with disabilities to live a self-determined life within Namibian society are perceived by many stakeholders as severely limited.

After clarifying the theoretical and conceptual principles of the study and introducing the Namibian context, the methodological approach is outlined in Chapter 4. The research team followed an iterative work approach, combining development of the manual with the formulation of recommendations. A special focus was placed on testing and adjusting the tools found in the manual; this took place during workshops in Namibia conducted by the SLE research team. The methodological chapter of the study outlines the qualitative approach chosen for the field research and describes development of the categories used for the qualitative data analysis. A special focus is placed on development of the manual that will be published separately.

The main part of the study (chapters 7 to 9) contains the findings of the field research and the recommendations given to all relevant stakeholders for the inclusion of persons with disabilities within the GIZ programmes (ProVET and Transport) and GIZ Namibia as a whole. The results showcase the existing achievements and challenges of the inclusion of persons with disabilities in the GDC and Namibian society. Persons with disabilities are still a marginalised group who are often denied basic services. Despite the existing policy frameworks that are considered progressive instruments for disability inclusion, the situation is in reality still a challenge in terms of disability inclusion. This becomes evident during consideration of the problems Namibian disabled people's organisations (DPOs) are facing to fulfil their advocacy tasks. The empowerment of DPOs and their participation within development projects and policy formulation are extremely important in the two sectors (VET and Transport) and must be considered within society as a whole. Against this backdrop, it becomes clear that disability mainstreaming is essential to the eradication of poverty and strengthening of economic development – both of which are key priorities within the GIZ portfolio in Namibia.

A closer look at the ProVET and Transport programmes reveals shortcomings but also efforts and willingness to strengthen the inclusion of persons with disabilities. While identifying barriers in both sectors, an urgent need for cooperation

among relevant stakeholders became obvious. It is up to GIZ Namibia to take a leading role in this process, and to assume responsibility for the sustainable improvement of the inclusion of persons with disabilities on all levels within the two sectors.

The findings from the ProVET programme show that persons or trainees with disabilities face particular challenges, as they are largely excluded from the labour market (Lang, 2008). The VET sector can counteract this problem by improving curricula and cooperation with potential employers. However, to date the relationship between supply and demand remains unbalanced. Up until now, persons with disabilities have played only a minor role in the VET sector, related to their marginalisation within society and the gap between policy formulation and its implementation in terms of inclusive vocational training. These barriers are leading to specific forms of discrimination and exclusion.

Obstacles can be found in various fields: negative attitudes and discrimination against persons with disabilities, for example, which lead to rude behaviour and a lack of awareness among many VET trainers and non-disabled trainees. Trainees with disabilities are usually perceived as a burden, being incapable and dependent on others, which results in severe neglect. It ultimately leaves those affected with decreased motivation, low self-esteem and anxiety. The lack of financial means is one of the biggest challenges. While governmental support is available for persons with disabilities, the application process is difficult and non-transparent. Furthermore, vocational training centres (VTCs) have limited financial resources to provide facilities and knowledge as well as the learning materials necessary for inclusive trainings. In terms of institutional barriers, the entry requirement tests are considered inappropriate to meet the needs of persons with disabilities. There is no option to replace written exams with oral or signed ones. This systematically excludes a wide range of potential trainees with disabilities. Furthermore, trainers lack adequate skills to respond to the learning needs of trainees with disabilities. Nevertheless, trainers demonstrated a high degree of motivation to improve their skills if the opportunity were available. If trainees with disabilities do successfully graduate, the transition to the labour market still remains very difficult.

The barriers and needs identified in the VET sector were subsequently used to formulate recommendations for GIZ Namibia. These vary from specific suggestions to broader advice for the different stakeholders and policymakers. There is a great need for mainstreaming disability into all relevant political instruments and, more importantly, to implement them accordingly. This needs to be accompanied by sensitisation and awareness training for all stakeholders. It is crucial to include

the expertise and experience of local DPOs and other relevant institutions and to further establish focal points within the different organisations responsible for VET. In general, stakeholders are asked to cooperate regularly and to establish further cooperation, especially with the labour market for the successful transition of graduates in the future. Moreover, it is essential to ensure urgently-needed financial means guaranteeing physical, communicational and informational accessibility, but also to offer scholarships for trainees in need and to establish funds for VTCs.

As mobility is central to the participation of persons with disabilities within the VET sector and society in general, it seems crucial that existing services and infrastructure are adapted. Therefore, upcoming measures within the GIZ's Transport programme must be tailored to the needs of persons with disabilities. These needs are often linked to environmental barriers (e.g. missing ramps and elevators). However, the data collected revealed a more complex picture of the barriers preventing persons with disabilities from participating in the existing transport services, especially in the northern regions of the "Transport4People" (T4P) project.

The barriers identified in the transport sector often cannot be assigned to one specific barrier alone. Instead, their origin can be found in the interrelations of various barriers, whereby their occurrence is not necessarily evident at a first glance. This phenomenon is reflected in the low accessibility of transport services and infrastructure. Persons with disabilities stated that besides physical barriers (e.g. accessibility of vehicles and taxi ranks), the discriminating attitudes of taxi and bus drivers constitute the main obstacle for their use of these services. This illustrates the need for a holistic approach for the inclusion of persons with disabilities that addresses all aspects of transportation and not just problems in terms of environmental accessibility. A related problem concerns security and safety issues, especially for women with disabilities using public transport services. Confirming the approach of intersectionality used for the study, this observation clarifies the multiple discrimination mechanisms of gender, poverty and disability that affect women with disabilities within Namibian society.

Other barriers were identified in terms of non-motorised transport (e.g. missing pavements, high kerbs, etc.), low accessibility of public buildings, and a lack of barrier-free information and communication. Mostly based on environmental barriers and a lack of institutional efforts for implementation, these barriers can be addressed much more easily. Their resolution requires technical adjustments.

The recommendations formulated follow these insights and offer concrete proposals addressing the interrelated nature of barriers in terms of transport and the mobility of persons with disabilities in the northern regions of Namibia. This advice for the GLZ's Transport programme includes the establishment of an accessible public bus system, awareness-raising and sensitisation measures for taxi and minibus drivers as well as the integration of disability issues into the overall driver licensing procedure. Another important recommendation addresses shortcomings in terms of information and communication within the transport sector. The lack of accessible communication channels and information for persons with disabilities greatly limits their use of existing and upcoming services.

Reflecting the aim of the GLZ's Transport programme to increase the number of qualified experts in the Namibian transport sector, disability has to become part of the engineering curriculum. In this regard, specific recommendations have been developed for mainstreaming disability in the bachelor's and master's degrees in civil engineering at the University of Namibia in Ongwediva and the Namibia University of Science and Technology in Windhoek. Besides providing technical knowledge, the aim of raising awareness for the concerns and needs of persons with disabilities seems to be crucial. The existing modules on "Society and the Engineer" and "Contemporary Social Issues" are suitable entry points for the professional requirements of the discipline in terms of disability inclusion.

Elaboration of the recommendations for the VET and transport sector reflects the need to adapt the twin-track approach to increase the inclusion of persons with disabilities within the work of the GDC. The "Inclusion Grows" manual developed is to contribute to the efforts of disability mainstreaming, as it benefited from the experiences and insights the research team gained during the work in the respective project sectors in Namibia. Therefore, concrete challenges in terms of implementing disability mainstreaming were identified and considered while drafting the manual. As a result, the manual offers detailed information on definitions of and conceptual approaches to disability, which is necessary for both disability-specific target initiatives and broad mainstreaming of disability issues within all sectors of the GDC. The twin-track approach was therefore systematically adapted.

Furthermore, it is necessary to pay attention to the risk of overloading programmes and projects with too many mainstreaming targets. These challenges were previously encountered with mainstreaming gender and HIV/ AIDS, leading to a kind of weariness to cross-cutting issues. It appears important not to enforce too many regulations and standards (e.g. through mandatory disability-sensitive

indicators and endless checklists) if the project does not really deal with disability matters. Instead, it is necessary to formulate specific starting points suitable for the concrete scope of the project: where are targeted initiatives needed? What dimensions of mainstreaming should be accelerated within the project or programme? To what extent are disability issues relevant for the planning, implementation and evaluation of the project, etc.?

Only by considering these challenges and finding appropriate compromises between mandatory guidelines and voluntary engagement in terms of disability mainstreaming can the inclusion of persons with disabilities in the work of the GDC be sustainable and successful. In this context, it is crucial that persons with disabilities themselves actively participate in all project phases as counterparts and staff members of the GDC. While awareness-raising and sensitisation play a fundamental role in this process, the “Inclusion Grows” manual can contribute to these efforts by offering tools and knowledge for all project phases and stakeholders. The largest barriers are often peoples’ mindsets and prejudices within society. Without changing attitudes and behaviours, the inclusion of persons with disabilities will not succeed. Therefore, the full participation of persons with disabilities within society as a whole and specifically in development cooperation is needed.

Zusammenfassung

Mit der Ratifizierung des „Übereinkommen über die Rechte von Menschen mit Behinderungen“ (UN-Behindertenrechtskonvention, UN-BRK) im Jahr 2008, wurde die Inklusion von Menschen mit Behinderungen Teil der Agenda der internationalen Entwicklungszusammenarbeit. Die Konvention vertritt einen holistischen Ansatz und verfolgt dabei das Ziel einer uneingeschränkten Teilhabe von Menschen mit Behinderungen am gesellschaftlichen Leben. Mit Artikel 32 verpflichten sich die Vertragsstaaten, geeignete und wirksame Maßnahmen für die Inklusion von Menschen mit Behinderungen in Programmen und Projekten der Entwicklungszusammenarbeit sicherzustellen und somit deren Barrierefreiheit zu gewährleisten.

Die UN-BRK stellt ohne Zweifel einen wichtigen und dringend benötigten politischen Referenzrahmen auf globaler Ebene dar. Dennoch herrscht in vielen Vertragsstaaten eine große Diskrepanz zwischen Ratifizierung und Umsetzung der UN-Konvention. Um diese Diskrepanz zu reduzieren, muss das Engagement der verantwortlichen Akteur_innen und politischen Entscheidungsträger_innen in Bezug auf die Inklusion von Menschen mit Behinderungen noch stärker werden. Dies scheint insbesondere vor dem Hintergrund einer nachhaltigen Armutsbekämpfung wichtig, die u.a. mit den Zielen nachhaltiger Entwicklung (Sustainable Development Goals, SDGs), ein Fundament zukünftiger nationaler und internationaler Politiken wurde. In diesem Zusammenhang rückte die Korrelation von Armut und Behinderung in gegenwärtigen Entwicklungsstrategien und wissenschaftlichen Diskursen in den Fokus. Während internationale Institutionen wie die Weltbank (WB) und die Weltgesundheitsbehörde (WHO) von einem „Teufelskreis“ von Armut und Behinderung ausgehen (WHO, 2015; Weltbank, 2015), hinterfragen aktuelle Forschungsergebnisse eine derartige Verbindung aufgrund ihrer schwachen empirischen Basis (Ingstad, Eide, 2011).

Letzteres wird insbesondere in Hinblick auf die ungenaue empirische Datenlage zur Situation von Menschen mit Behinderungen im Globalen Süden deutlich. Auf der anderen Seite können aktuelle Statistiken durchaus Aufschluss über die Häufigkeit des Auftretens von Behinderungen, sowie der täglichen Herausforderungen welchen Menschen mit Behinderungen begegnen, geben. In Zahlen gesprochen geht die WHO davon aus, dass weltweit eine Milliarde Menschen mit einer Form von Behinderung leben, was etwa 15% der Weltbevölkerung entspricht. 80% der betroffenen Menschen leben in Ländern des Globalen Südens. Des Weiteren gibt die WB an, dass 20% der weltweit ärmsten Menschen eine Behinderung haben (WHO, 2015; WB, 2015). Obgleich diese Statistiken nicht vollständig vali-

diert sind, unterstreichen sie die in der UN-BRK dargelegte Notwendigkeit, die Inklusion von Menschen mit Behinderungen zu stärken.

Die Bundesrepublik Deutschland ratifizierte die UN-BRK im Jahr 2009. Das Engagement für die Inklusion von Menschen mit Behinderungen wurde daraufhin durch den vom Ministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) publizierten „Aktionsplan zur Inklusion von Menschen mit Behinderungen“ (BMZ, 2013) bekräftigt. Das Dokument beschreibt den konzeptionellen Rahmen von Inklusion und formuliert konkrete Maßnahmen zur Einbeziehung der Bedürfnisse und Rechte von Menschen mit Behinderungen in der deutschen Entwicklungszusammenarbeit. Institutionell gestärkt wurde das Thema insbesondere durch die Gründung des GIZ-Sektorvorhabens „Inklusion von Menschen mit Behinderungen“.

Der BMZ-Aktionsplan sieht unter anderem die Entwicklung eines Handbuchs zur systematischen Inklusion von Menschen mit Behinderungen in der deutschen Entwicklungszusammenarbeit vor. Das GIZ-Sektorvorhaben, das maßgeblich für die Umsetzung des Aktionsplans verantwortlich ist, beauftragte das Seminar für Ländliche Entwicklung (SLE) mit der Erarbeitung dieses Handbuchs, welches in Form der vorliegenden SLE-Studie erarbeitet wurde.

Insgesamt beauftragte das GIZ-Sektorvorhaben in Zusammenarbeit mit der GIZ in Namibia das Forschungsteam mit der Erarbeitung zweier Produkte:

Zum einen führte das Forschungsteam eine Feldstudie in Namibia durch, um Empfehlungen für die GIZ-Programme „Förderung der beruflichen Bildung“ (Promotion of Vocational Education and Training – ProVET) und „Beratung von Institutionen des Straßenverkehrswesen“ (Strengthening of institutional and management capacity in the road sector – Transport) in Bezug auf die Stärkung der Inklusion von Menschen mit Behinderungen zu erarbeiten. Die Ergebnisse der Feldforschung sind Bestandteil dieser Studie.

In Kooperation mit dem GIZ-Sektorvorhaben „Inklusion von Menschen mit Behinderungen“ wurde ein Handbuch/Toolkit zur systematischen Inklusion von Menschen mit Behinderungen (*disability mainstreaming*) entwickelt. Das Handbuch bietet Unterstützung für Planer_innen, Praktiker_innen und Partner_innen der deutschen Entwicklungszusammenarbeit, die Inklusion von Menschen mit Behinderungen erfolgreich und systematisch im jeweiligen Arbeitskontext zu integrieren. Aus einer intersektionalen Perspektive heraus betrachtet, ist das Thema Behinderung von großer Bedeutung für alle Programme und Projekte der Entwicklungszusammenarbeit.

Dabei orientiert sich der Forschungsauftrag am „twin-track approach“, einem weit verbreiteten Instrument im Bereich der Inklusion von Menschen mit Behinderungen. Der „twin-track approach“ geht davon aus, dass eine erfolgreiche Inklusion von Menschen mit Behinderungen oft nur durch eine Kombination von behinderungsspezifischen Initiativen (insbesondere bei den Empfehlungen an die GLZ-Programme ProVET und Transport berücksichtigt) und einen systematischen Einbezug des Themas Inklusion in allgemeine Mainstreaming-Aktivitäten (hauptsächlich im Handbuch dargestellt) realisiert werden kann. Die Verbindung zwischen Praxis und Theorie wird vor allem mit dem konzeptionellen Rahmen der Studie (Kapitel 2) hergestellt. Auf dessen Grundlage wurde sowohl die Studie als auch das Handbuch entwickelt.

Das erste Kapitel skizziert die Entwicklung unterschiedlicher Wahrnehmungen und Vorstellungen von Behinderung. Ausgehend von einer kritischen Auseinandersetzung mit dem individuellen/medizinischen Modell von Behinderung, wird das soziale Modell als theoretische Grundlage der Studie vorgestellt. Auf Grundlage dieser Ausführungen folgt eine Einführung der verschiedenen Klassifizierungen von Beeinträchtigungen (physisch, sensorisch, kognitiv und psychisch) und unterschiedlichen Barrieren (Einstellungsbarrieren/Denkweisen, Umweltbarrieren und institutionellen Barrieren). Das soziale Modell geht davon aus, dass Behinderung als Folge der Wechselwirkungen zwischen den Beeinträchtigungen von Individuen und verschiedenen Barrieren, denen diese Individuen im Alltag begegnen, zu interpretieren ist. Diese Prämisse liefert die theoretische Grundlage des menschenrechtsbasierten Ansatzes und somit auch der UN-BRK. Dabei wird das medizinisch-individuelle Modell von Behinderung in Frage gestellt. Dieses Modell von Behinderung wird nach wie vor in vielen Ländern genutzt, steht aber oft im Widerspruch zur Inklusion von Menschen mit Behinderungen. Das soziale Modell und der menschenrechtsbasierte Ansatz liefern also den Rahmen für die vorliegende Studie und die damit verbundene Feldforschung. Die Identifizierung unterschiedlicher Barrieren bildet dabei den Ausgangspunkt für die Entwicklung der Empfehlungen.

Um die weitreichende gesellschaftliche Ausgrenzung von Menschen mit Behinderungen in der alltäglichen Arbeit der Entwicklungszusammenarbeit adressieren zu können, werden eingangs relevante Schlüsselkonzepte der Inklusion thematisiert. Diese sind Exklusion/Segregation, Integration/Assimilation und die Inklusion mit dem Ziel der Gleichstellung von Menschen mit Behinderungen in allen Lebensbereichen. Um dieses ehrgeizige Ziel zu erreichen, ist es notwendig das Thema Behinderung innerhalb der deutschen Entwicklungszusammenarbeit systematisch zu verankern. Aufgrund dessen nutzt die vorliegende Studie den zuvor

erwähnten „twin-track approach“ und die drei Dimensionen des Mainstreaming in Bezug auf Organisationen und Institutionen: Struktur, Inhalt und Personal. Bei Letzterem geht es darum zu beachten, dass auch die Strukturen von Organisationen inklusiv ausgerichtet werden sollten und nicht nur einzelne Programme und Projekte.

Die Notwendigkeit Behinderung systematisch in allen Bereichen der Entwicklungszusammenarbeit zu mainstreamen, leitet sich aus dem intersektionalen Charakter des Themas ab. Intersektionalität thematisiert dabei die mehrdimensionale Diskriminierung für Menschen mit Behinderungen. Folglich ist die Intersektionalität von Behinderung und anderen sozialen Kategorien, wie Alter oder Geschlecht, eine Grundannahme der vorliegenden Studie. Die intersektionalen Charakteristika von Behinderung können sich zudem in unterschiedlichen sozio-kulturellen Kontexten stark unterscheiden. Um das Thema abzurunden, schließt der konzeptionelle Teil mit der Relevanz eines sensiblen Umgangs der Wechselbeziehungen von Kultur und Behinderung. Ein intersektionales Bewusstsein sowie kulturelle Sensibilität im Kontext von Entwicklungszusammenarbeit, waren für die Forschungsarbeit in Namibia von großer Bedeutung.

Im 3. Kapitel, dem Länderprofil, werden der namibische Kontext und die GIZ-Programme ProVET und Transport vorgestellt. Aus geografischer Sicht ist Namibia ein großes Land, das durch seine geringe Bevölkerungsanzahl mit nur 2.113.070 Menschen (Republic of Namibia, 2011) aber relativ dünn besiedelt ist. Nicht zuletzt nimmt die deutsche Entwicklungszusammenarbeit auch aufgrund der gemeinsamen kolonialen Vergangenheit und der jüngsten politischen Kontroverse um die Konsequenzen des Völkermords an den Herero und Nama durch die deutsche Kolonialmacht (1904-1908) eine bedeutende Rolle in Namibia ein. Gegenwärtig sind die deutschen Entwicklungsleistungen für Namibia auf einer Pro-Kopf-Basis die höchsten weltweit (BMZ 2015). Namibia wurde 2009 als Land mit mittlerem Einkommen klassifiziert, was viele Geberorganisationen dazu veranlasste das Land zu verlassen (World Bank, 2015). Die Geberlandschaft wird damit dünner, obwohl die Einkommensdiskrepanz zwischen Arm und Reich im weltweiten Vergleich einen der vordersten Plätze belegt. Menschen mit Behinderungen sind von dieser Ungleichheit besonders betroffen und werden von Familien und der Gesellschaft oft vernachlässigt. Von einem selbstbestimmten Leben in der namibischen Gesellschaft sind viele Menschen mit Behinderungen oft noch weit entfernt.

Nach der Darstellung des theoretischen und konzeptionellen Rahmens der Studie und des namibischen Kontextes, erläutert Kapitel 4 die methodische Her-

angehensweise der Feldforschung. Das Forschungsteam verfolgte dabei einen iterativen Ansatz und kombinierte die Entwicklung des Handbuchs mit der Formulierung der Empfehlungen. Dabei lag ein besonderer Fokus auf dem Testen und der Anpassung der Instrumente (tools) für das Handbuch, welches aus Gründen der besseren Handhabung separat publiziert wird. Das Testen und Anpassen der Instrumente fand im Rahmen mehrerer Workshops statt, welche das Forschungsteam während der Feldphase in Namibia durchführte. Das Kapitel skizziert den qualitativen Ansatz der Studie und erläutert die Kategorienfindung der qualitativen Inhaltsanalyse.

Der Hauptteil der Studie (Kapitel 7-9) beinhaltet die Empfehlungen für die beiden GIZ-Programme (ProVET und Transport) und formuliert Handlungsempfehlungen für alle relevanten Akteur_innen. Die dargestellten Ergebnisse illustrieren die bisherigen Erfolge und Herausforderungen auf dem Gebiet der Inklusion von Menschen mit Behinderungen, sowohl in der Entwicklungszusammenarbeit als auch in der namibischen Gesellschaft. Menschen mit Behinderungen sind nach wie vor von Marginalisierung betroffen und werden oft von Basisleistungen ausgeschlossen. Obwohl progressive politische Rahmenbedingungen im Land vorhanden sind, bleibt die Umsetzung von Inklusion bisher eine große Herausforderung. Dies verdeutlicht sich etwa an den geringen Kapazitäten der namibischen Selbstvertretungsorganisationen von Menschen mit Behinderungen, besonders im personellen und finanziellen Bereich. Schwach ausgebildete Strukturen machen es ihnen beinahe unmöglich ihren Aufgaben der Interessenvertretung nachzukommen. Das Engagement und die Mitarbeit von Selbstvertretungsorganisationen sind für die Entwicklungszusammenarbeit und die Formulierung von progressiven politischen Rahmenbedingungen jedoch unabdingbar. Aufgrund dessen müssen Selbstvertretungsorganisationen gefördert und ihre Partizipation in Entscheidungsprozessen gestärkt werden. Vor diesem Hintergrund wird deutlich, dass das Mainstreaming des Themas Behinderung sowohl für Wirtschaftsförderung als auch Armutsbekämpfung von fundamentaler Bedeutung ist. Beide Bereiche sind bereits Prioritäten des GIZ-Portfolios in Namibia.

Eine Betrachtung der beiden GIZ-Programme ProVET und Transport verdeutlichen sowohl Defizite im Bezug auf die Inklusion von Menschen mit Behinderungen, als auch positive Anstrengungen und die Bereitschaft Dinge zu verändern. Die identifizierten Barrieren in beiden Sektoren (Berufsschul- und Transportsektor) verdeutlichen, dass eine Zusammenarbeit der relevanten Partner_innen im Themenfeld Inklusion unmittelbar gefördert werden sollte. Es liegt in der Verantwortung der GIZ Namibia in diesem Prozess eine Schlüsselrolle einzunehmen und

in beiden Sektoren zu einer nachhaltigen Entwicklung in Bezug auf die Inklusion von Menschen mit Behinderungen beizutragen.

Die Forschungsergebnisse für das ProVET-Programm zeigen deutlich, dass Auszubildende mit Behinderungen aktuell fast gänzlich vom namibischen Arbeitsmarkt ausgeschlossen sind (Lang, 2008). Der Berufsschulsektor versucht das Problem mit verbesserten Lehrplänen und einer intensivierten Zusammenarbeit mit potenziellen Arbeitgeber_innen zu beheben, dennoch ist das Verhältnis von Angebot und Nachfrage derzeit stark unausgewogen. Darüber hinaus haben Auszubildende mit Behinderungen im Berufsschulsektor bisher kaum Beachtung gefunden. Dies steht in enger Verbindung mit deren marginalisierter Rolle in der Gesellschaft, aber auch mit der mangelhaften Umsetzung von politischen Rahmenbedingungen. Diese Barrieren führen zu spezifischen Formen von Diskriminierung und der Exklusion von Menschen mit Behinderungen in der Berufsschulbildung.

Wesentliche Hindernisse konnten in verschiedenen Bereichen identifiziert werden: Zum einen existieren ausgeprägte negative Einstellungen und Formen der Diskriminierung gegenüber Auszubildenden mit Behinderungen. Es herrscht ein großes Unwissen bezüglich eines adäquaten Umgangs mit diesen Auszubildenden auf Seiten der Berufsschullehrer_innen und Auszubildenden ohne Behinderungen. Auszubildende mit Behinderungen werden in der Regel als Belastung wahrgenommen, deren angebliche Unfähigkeit und Abhängigkeit in den meisten Fällen mit Vernachlässigung einhergeht. Letztlich resultiert daraus bei den Betroffenen ein geringes Selbstwertgefühl, fehlende Motivation und Angst. Auf der anderen Seite fehlen finanzielle Mittel, sowohl im Berufsschulsektor als auch den Auszubildenden mit Beeinträchtigungen selbst. Staatliche Unterstützung steht zwar zur Verfügung, die Beantragung ist jedoch schwierig und undurchsichtig. Berufsschulen haben deshalb sehr eingeschränkte finanzielle Kapazitäten hinsichtlich einer adäquaten technischen Ausstattung und barrierefreier Lernmaterialien für eine inklusive Ausbildung. Eine weitere institutionelle Barriere stellen die Zulassungsvoraussetzungen der Berufsschulen dar. Es besteht beispielsweise keine Möglichkeit die schriftlichen Aufnahmeprüfungen in Gebärdensprache oder verbal zu absolvieren. Das schließt automatisch eine große Gruppe potentieller Auszubildender mit Behinderungen aus. Darüber hinaus haben Berufsschullehrer_innen keine Ausbildung für den adäquaten Umgang mit Auszubildenden mit Behinderungen und können somit nur schwer auf individuelle Lernbedürfnisse eingehen. Die meisten Berufsschullehrer_innen zeigten allerdings eine hohe Motivation ihre Fähigkeiten auszubauen und zu verbessern, wenn dementsprechende Optionen existieren würden. Im Falle des erfolgreichen Abschlusses einer Ausbil-

derung, verbleibt als große Hürde schließlich der erfolgreiche Übergang von der Berufsschule zum namibischen Arbeitsmarkt.

Aus den identifizierten Barrieren und Anforderungen an den Berufsschulsektor wurden die Empfehlungen an das ProVET-Programm der GIZ Namibia entwickelt. Die generellen bis spezifischen Empfehlungen sind an die jeweiligen involvierten Akteur_innen gerichtet. Kurz gefasst kann resümiert werden, dass ein großer Bedarf existiert das Thema Behinderung in allen relevanten politischen Instrumenten und Rahmenbedingungen systematisch zu berücksichtigen und es somit in der Praxis zu verankern. Dieser Prozess muss durch Bewusstseinsbildungs- und Sensibilisierungstrainings für alle Akteur_innen begleitet werden. Dies kann nur gelingen, wenn Selbstvertretungsorganisationen von Menschen mit Behinderungen und deren Expertise einbezogen werden. Hiermit könnte zugleich eine Sensibilisierung und fachliche Stärkung aller beteiligten Akteur_innen erreicht werden.

Um ein internes Wissensmanagement innerhalb von Organisationen und Institutionen zu gewährleisten, wird empfohlen sogenannte *Focal Points zur Inklusion von Menschen mit Behinderungen* einzurichten. Damit eine nachhaltige Zusammenarbeit stattfinden kann, sollte des Weiteren die Kooperation zwischen den Akteur_innen verstärkt werden. Die Kooperationsbeziehungen zwischen Berufsschulen und dem Arbeitsmarkt müssen ausgebaut werden, um einen erfolgreichen Übergang zum Arbeitsmarkt herzustellen. Berufsschulen brauchen darüber hinaus größere finanzielle Kapazitäten, um eine physische und kommunikative Barrierefreiheit zu gewährleisten und beispielsweise barrierefreie Lehrmaterialien für Auszubildende mit Behinderungen bereitstellen zu können. Finanzielle Kapazitäten werden aber auch in Form von Darlehen oder Stipendien für Auszubildende mit Behinderungen benötigt.

Die Sicherstellung von Mobilität ist ein zentraler Aspekt für die gesellschaftliche Partizipation von Menschen mit Behinderungen. Dies gilt nicht nur für den Berufsschulsektor, sondern für alle Lebensbereiche. Aus diesem Grund erscheint es als notwendig, dass die bestehende namibische Infrastruktur an die Bedürfnisse von Menschen mit Behinderungen angepasst wird. Für das GIZ-Programm Transport müssen zukünftige Maßnahmen so verändert werden, dass sie Menschen mit Behinderungen die notwendige Mobilität bieten können, die für eine gleichberechtigte Teilhabe am gesellschaftlichen Leben notwendig ist. Bei den größten und offensichtlichsten Barrieren im Transportsektor handelt es sich vor allem um Umweltbarrieren wie etwa fehlende Rampen oder Fahrstühle. Die analysierten Daten offenbaren jedoch die Vielschichtigkeit der Barrieren für Menschen mit Behinderungen und deren Partizipation im Transportsektor, speziell in der nördli-

chen Region des „Transport4People“-Projekts. Oftmals können die identifizierten Barrieren im Transportsektor nicht nur einer der drei Hauptkategorien zugeordnet werden. Verschiedene Barrieren stehen oftmals in enger Wechselwirkung zueinander und sind in ihrer Bedeutung für Menschen mit Behinderungen nicht immer sofort ersichtlich.

Dies spiegelt sich besonders in den fehlenden barrierefreien öffentlichen Transportmitteln wider. Menschen mit Behinderungen schilderten wiederholt, dass sie neben den physischen Barrieren (z.B. keine barrierefreien Fahrzeuge oder Taxistände) aufgrund ihrer Behinderung von den Taxi- oder Busfahrer_innen diskriminiert werden. Es stellte sich heraus, dass diskriminierende Einstellungen der Fahrer_innen gegenüber Menschen mit Behinderungen eine der Hauptbarrieren im Transportsektor darstellen. Hiermit wird deutlich, dass die Inklusion von Menschen mit Behinderungen im Transportsektor einen holistischen Ansatz benötigt um alle Barrieren gleichermaßen adressieren zu können.

Ein weiteres Problem, das mit Letzterem eng verwoben ist, stellen Sicherheitsbelange dar. Die schwach ausgeprägte Sicherheitssituation der Fahrzeuge aber vor allem in Bezug auf Fahrer und Mitfahrer stellen insbesondere für Frauen und Mädchen mit Behinderungen ein erhöhtes Sicherheitsrisiko dar. Dieses Ergebnis bestätigt den intersektionalen Ansatz der Studie, da multiple Diskriminierungsmechanismen von Gender, Armut und Behinderung, von welchen vornehmlich Frauen und Mädchen betroffen sind, in der namibischen Gesellschaft aufgezeigt werden konnten.

Weitere Barrieren konnten im Bereich des nicht-motorisierten Verkehrs beobachtet werden (z.B. keine asphaltierten Fußwege, zu hohe Bordsteine, etc.). Zudem stellen die wenigen barrierefreien Zugänge in öffentlichen Gebäuden und das Fehlen barrierefreier Informationen oder Kommunikation für Menschen mit Beeinträchtigungen Barrieren da. Diese sind hauptsächlich Umweltbarrieren sowie institutioneller Natur und können durch einfache technische Anpassungen relativ schnell behoben werden.

Die formulierten Empfehlungen adressieren die komplexe Situation von unterschiedlichen miteinander verwobenen Barrieren gegenüber Menschen mit Behinderungen im Transportsektor im Norden Namibias. Zum einen wird empfohlen ein barrierefreies Bussystem zu etablieren, Kampagnen der Bewusstseinsbildung und Sensibilisierungsmaßnahmen für Taxi- und Busfahrer_innen einzuführen und das Thema Inklusion von Menschen mit Behinderungen in die Führerscheinprüfung zu integrieren. Um gegenwärtige und zukünftige Dienstleitungen auch wahrnehmen zu können, wird weiterhin empfohlen barrierefreie Kommunikation

auszubauen und damit den Informationsaustausch von und für Menschen mit Behinderungen im Transportsektor zu erhöhen.

Das Transportprogramm der GIZ verfolgt das Ziel, mehr qualifizierte Expert_innen für den namibischen Transportsektor auszubilden. Um die zukünftigen Entscheidungsträger_innen im Transportwesen für die Thematik der Inklusion zu sensibilisieren, soll Behinderung in die Lehrpläne der Ingenieurwissenschaften aufgenommen werden. Folglich wurden spezifische Empfehlungen für die systematische Verankerung des Themas Behinderung in die Bachelor- und Master-Programme der Bauingenieurwissenschaften der University of Namibia in Ongwediva und der Namibia University of Science and Technology in Windhuk entwickelt. Die bereits existierenden Module "Society and the Engineer" und "Contemporary Social Issues" könnten dabei als guter Ansatzpunkt dienen, um das Thema innerhalb dieser Disziplin zu verankern.

Die Entwicklung der Empfehlungen für den Berufsschul- und Transportsektor verdeutlicht die Notwendigkeit des „twin-track approach“ für die Stärkung der Inklusion von Menschen mit Behinderungen innerhalb der Entwicklungszusammenarbeit. Das Handbuch „Inclusion Grows“ bietet detaillierte Definitionen und Konzepte im Bezug auf das Thema Behinderung, welche sowohl in spezifischen Aktivitäten zum Thema Behinderung als auch sektorübergreifend in Mainstreaming-Aktivitäten der Entwicklungszusammenarbeit genutzt werden können. Das Handbuch verfolgt dabei einen Mainstreaming-Ansatz und profitierte im Zuge seiner Entwicklung von den Erfahrungen und Erkenntnissen des Forschungsteams in den spezifischen Projekten vor Ort. So konnten auch Herausforderungen für das Mainstreaming von Behinderung identifiziert und berücksichtigt werden.

Beim Verfolgen des Mainstreaming-Ansatzes sollte beachtet werden, dass Programme oder Projekte nicht mit Mainstreaming-Themen überladen werden. In der Vergangenheit wurden derartige Erfahrungen mit dem Mainstreaming von Gender oder HIV/AIDS gemacht, was folglich zu einer gewissen „Müdigkeit“ vieler Mitarbeiter_innen und Auftragsverantwortlicher gegenüber sektorübergreifenden Querschnittsthemen geführt hat. Aufgrund dessen ist es wichtig, Projekte und Programme nicht mit Vorschriften und Normen zu überladen (beispielsweise mit verpflichtenden Indikatoren zur Inklusion von Menschen mit Behinderungen oder langen Checklisten). Stattdessen sollten konkrete Ansatzpunkte eines Projektes identifiziert und formuliert werden: In welchem Umfang sind gezielte Initiativen notwendig? Welche Dimension des Mainstreamings ist für das jeweilige Programm besonders bedeutsam? Inwiefern ist die Inklusion von Menschen mit Be-

hinderungen in der Planungsphase, der Umsetzung, dem Monitoring und der Evaluierung zu berücksichtigen?

Letztlich müssen Herausforderungen identifiziert und geeignete Kompromisse zwischen verpflichtenden Richtlinien und freiwilligem Engagement getroffen werden. Nur dann kann die Inklusion von Menschen mit Behinderungen nachhaltig in der Entwicklungszusammenarbeit verankert werden. Hierbei ist es vor allem wichtig, dass Menschen mit Behinderungen selbst in alle Prozesse mit einbezogen werden, als Personal, Zielgruppe und als Partner_innen. Dabei spielen insbesondere Bewusstseinsbildung und Sensibilisierungsmaßnahmen eine fundamentale Rolle. Das Handbuch „Inclusion Grows“ verfolgt das Ziel die Inklusion von Menschen mit Behinderungen in der Entwicklungszusammenarbeit zu fördern und kann entsprechende Bemühungen durch ausgewählte Instrumente unterstützen.

Die größten Barrieren sind in den meisten Fällen nach wie vor die vorurteilbehafteten Denkweisen von Individuen und innerhalb gesellschaftlicher Zusammenhänge. Ohne eine Veränderung der gesellschaftlichen Einstellungen gegenüber Menschen mit Behinderungen wird Inklusion nicht gelingen. Um die Inklusion von Menschen mit Behinderungen zu realisieren braucht es deren volle Teilhabe in und an der Gesellschaft. Die deutsche Entwicklungszusammenarbeit sollte hierbei eine Vorreiterrolle einnehmen.

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Abbreviations

BMZ	<i>Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung</i> – Federal Ministry for Economic Cooperation and Development
CBR	Community-based rehabilitation
DPO	Disabled People’s Organisation
FAWENA	Forum for African Woman Educationalists in Namibia
NDP ₄	Fourth National Development Plan
GDC	German Development Cooperation
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HI	Handicap International
ICF	International Classification of Functioning, Disability and Health
IDDC	International Disability and Development Consortium
ILO	International Labour Organisation
Interim	Swiss Learning and Development
KfW	<i>Kreditanstalt für Wiederaufbau</i> – German Development Bank
MDG	Millennium Development Goal
NDC	National Disability Council of Namibia
NGO	Non-governmental organisation
NTA	Namibia Training Authority
NAD	Namibian dollar
NUST	Namibia University of Science and Technology (formerly the Polytechnic of Namibia)
PCM	Project cycle management
ProVET	Promotion of Vocational Education and Training
SDG	Sustainable Development Goals
SLE	<i>Seminar für Ländliche Entwicklung</i> – Centre for Rural Development
SUTMP	Sustainable Urban Transport Master Plan
SINTEF	Norwegian Research Institute
ToR	Terms of Reference
TTM	Tool testing methodology
UN	United Nations

UNAM	University of Namibia
UNRWA	The United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VENRO	<i>Verband Entwicklungspolitik und Humanitäre Hilfe deutscher Nichtregierungsorganisationen</i> – Umbrella organisation of non-governmental organisations (NGOs) working in the field of development cooperation in Germany
VET	Vocational education and training
VTC	Vocational training centre
VTP	Vocational training provider
WHO	World Health Organisation

1 Introduction

According to the World Health Organization (WHO), more than one billion people worldwide live with some form of disability, which equates to 15% of the world population (WHO, 2015). A whole range of national, regional and international policies has been adopted over the last 70 years to reinforce the rights of persons with disabilities.¹ However, it was only in 2008 that the UN Convention on the Rights of Persons with Disabilities (UNCRPD) adopted a holistic approach by taking into account all aspects relevant to the lives of persons with disabilities. Among these, under Article 32, the responsibility of state parties to undertake appropriate and effective measures to ensure the inclusiveness and accessibility of international development programmes is emphasised (UN, 2006).

Germany finally ratified the UNCRPD in 2009. To confirm its commitment, the German Federal Ministry for Economic Cooperation and Development (BMZ) issued an Action Plan detailing concrete steps and measures for including the needs and rights of persons with disabilities into the German Development Cooperation (GDC). To strengthen the expertise and capacities of staff within the GDC, the Action Plan clearly states the need for a manual on how to systematically include persons with disabilities in all its development measures (BMZ, 2013).

This SLE study is the result of this commitment, as its main product is a proposal for a manual for disability mainstreaming that GDC planners and practitioners are able to use. The task of drafting a mainstreaming manual seems difficult without examining and adapting suitable tools in the field and gaining insight into concrete challenges of project implementation. Therefore, the research team travelled to Namibia, conducting research into disability inclusion in the fields of vocational training and education (VET) and transport. Besides testing and adapting tools for the manual, the research assignment also led to the formulation of recommendations for the two GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) programmes on the 'Promotion of Vocational Education and Training' (ProVET) and the 'Strengthening of institutional and management capacity in the road sector' (Transport) to advance the inclusion of persons with disabilities within the respective project activities.

¹ Throughout this study, the expression "persons with disabilities" is used according to legal/policy documents such as the UNCRPD. When identifying and describing a person with an impairment, "people-first language" should be used that emphasises the person first, not the impairment or the disability.

2 Introduction

The study comprises recommendations for the Namibian context as a case study as well as a manual for disability mainstreaming within the GDC, which is published as a separate document. It was commissioned by the GIZ's "Inclusion of Persons with Disabilities" programme in Bonn, with support from the GIZ's ProVET and Transport programmes and the University of Namibia (UNAM).

The assignment was conducted by a team of five postgraduate students from the SLE and a team leader.

1.1 Relevance of inclusion of people with disabilities

For the longest time, persons with disabilities have been excluded as stakeholders, partners or beneficiaries of international development programmes. The reasons for this can be attributed to attitudinal, environmental and institutional barriers, which exist to some extent in every society or institution. It is important to overcome these barriers, as the mutually reinforcing relationship between disability as both a cause and a consequence of poverty is widely recognised (Yeo, 2005).²

1.1.1 Poverty – disability cycle

Given that persons with disabilities are often denied access to education, health care, work or various forms of participation in public and political life, the risk of their falling into poverty is generally high. Poor people are more likely to acquire a disability during their lifetime due to their lack of access to adequate nutrition, preventative and curative health care, access to clean water and sanitation, and their high exposure to unsafe working conditions (Fischer, Franke, Rompel, 2006). The vicious cycle of poverty and disability is further backed by the fact that 80% of all persons with a disability live in developing countries (WHO, 2015). Furthermore, 20% of the world's poorest have some form of disability, making them the most marginalised in their communities (World Bank, 2015).

Although the national data available on Namibia is still limited, a GIZ report referring to data from the WHO and the Norwegian Research Institute (SINTEF) found that access of persons with disabilities to services such as health care and education is limited and their income significantly lower than that of their non-

2 While substantial links between disability, poverty and health are acknowledged in the scientific community, the simplicity of those links and assumptions is also criticised. A study of the *Leonard Cheshire Disability and Inclusive Development Centre* analyses that these links are more complex and nuanced than is currently assumed (Groce et al., 2011)

disabled peers (Lorenzkowski, 2013). The Namibian context therefore seems to reflect the challenges that persons with disabilities in low-income countries in general are facing. Other socio-cultural aspects – most importantly gender, but also race and religion – may influence the situation of persons with disabilities significantly, depending on the specific context in their respective country.

1.1.2 Current situation: the SDG's in 2015

Disability and poverty are directly linked and affect one another. As persons with disabilities were for a long time not taken into account in development plans and agendas, the year 2015 has brought important momentum for advancing the inclusion of persons with disabilities. On 25–27 September, the UN member states adopted the UN Sustainable Development Goals (SDGs) in New York. Following the Millennium Development Goals (MDGs), the agenda of the SDGs entitled “Transforming our World: the 2030 Agenda for Sustainable Development” provides some positive steps towards inclusive development. Disability inclusion has been missing from the agenda of the MDGs, and numerous DPOs (disabled people's organisations) as well as international NGOs (non-governmental organisation) have criticised the absence of goals, targets and indicators within the most important agenda for the past 15 years.

During the 2012 United Nations (UN) Conference on Sustainable Development (Rio+20), member states agreed to initiate a process to develop a set of SDGs, whose achievement period would conclude in 2015. The SDGs are supposed to address all three dimensions of sustainable development (environmental, economic and social), and to be consistent with and integrated into the UN global development agenda beyond 2015. The envisaged SDGs thus have a time horizon from 2015 to 2030.

Disability is referenced in various parts of the SDGs and specifically in those related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs.

The relevant goals are detailed below (UN Enable, 2015):

Goal 4 on inclusive and equitable quality education and promotion of life-long learning opportunities for all focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities. In addition, the proposal calls for building and upgrading education facilities that are child, disability and gender sensitive and also provide safe, non-violent, inclusive and effective learning environments for all.

4 Introduction

Goal 8: to promote inclusive and sustainable economic growth, full and productive employment and decent work for all, the international community aims to achieve full and productive employment for all women and men, including persons with disabilities, and equal pay for work of equal value.

Closely linked is Goal 10, which strives to reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, especially emphasising persons with disabilities.

Goal 11 is supposed to make cities and human settlements inclusive, safe and sustainable. To realise this goal, member states are called upon to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as persons with disabilities. In addition, the proposal calls for providing universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities.

Goal 17 stresses that in order to strengthen the means of implementation and revitalise the global partnership for sustainable development, the collection of data and monitoring and accountability of the SDGs are crucial. Member states are called upon to enhance capacity-building support to developing countries, including Least Developed Countries (LDCs) and Small Island Developing States (SIDS), which would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by disability.

1.2 Report structure

The present study report is closely linked to the manual for disability mainstreaming developed in the German Development Cooperation. Both products share common methodological approaches and research topics. However, they differ in their purpose and focus, and are therefore being published separately. The present research study comprises the study design and the elaborated recommendations for GIZ Namibia's respective programmes (ProVET and Transport).

Overall, the report comprises ten chapters:

Following the introduction (Chapter 1), Chapter 2 on the conceptual framework and study objectives outlines the main objectives and research questions of the assignment. This section moreover contains all theoretical and conceptual approaches relevant to the recommendations and manual. These include different perceptions and concepts of disability through to the approaches presently used,

international policy frameworks, concepts of disability inclusion and mainstreaming, reflections on disability and intersectionality and the interrelation between cultural phenomena and disability.

In Chapter 3 (Namibian context), information is provided specifically about Namibia and an introduction given to the two partner programmes, ProVET and Transport.

The research methodology is detailed in Chapter 4. This section explains the methodological approach used to elaborate the recommendations and develop the manual. It presents data collection methods and the overall scope and framework of the fieldwork, which follows the principle of iteration.

The study findings are presented from Chapter 5, starting with a general situation analysis concerning persons with disabilities within Namibian society. The main issues are addressing patterns of discrimination and stigmatisation, the differences between rural and urban regions, and the correlation between gender and disability.

Based on these insights, Chapter 6 on policy frameworks, implementation and inclusive activities and Chapter 7 on cooperation relationships and needs provide information on Namibian policy frameworks for the inclusion of persons with disabilities and sum up current challenges and gaps in their implementation. In these two chapters, relevant stakeholders for disability inclusion in the Namibian context are analysed and specific recommendations on how to strengthen disability mainstreaming through intensified cooperation and specific measures in the field are given.

Chapter 8 on the situation of persons with disabilities in VET demonstrates the main barriers preventing persons with disabilities from participating in vocational training programmes. Based on these insights, the section gives concrete recommendations for VET to all relevant stakeholders.

Chapter 9 on the situation in the transport sector describes barriers identified that persons with disabilities are facing to participate in the transportation system in the northern regions of Namibia. The recommendations are formulated within the “Transport 4 People” (T4P) project carried out by the Namibian government and the GIZ to modernise the transport infrastructure in northern Namibia.

In Chapter 10, some concluding remarks are made and reasons for the extent of possibilities enhancing disability mainstreaming discussed as a final step in this study.

2 Conceptual framework and study objectives

2.1 Study objectives

Based on the adapted terms of reference (ToR), the following impact analysis provides an overview of the impact, outcome, and output level of the study.

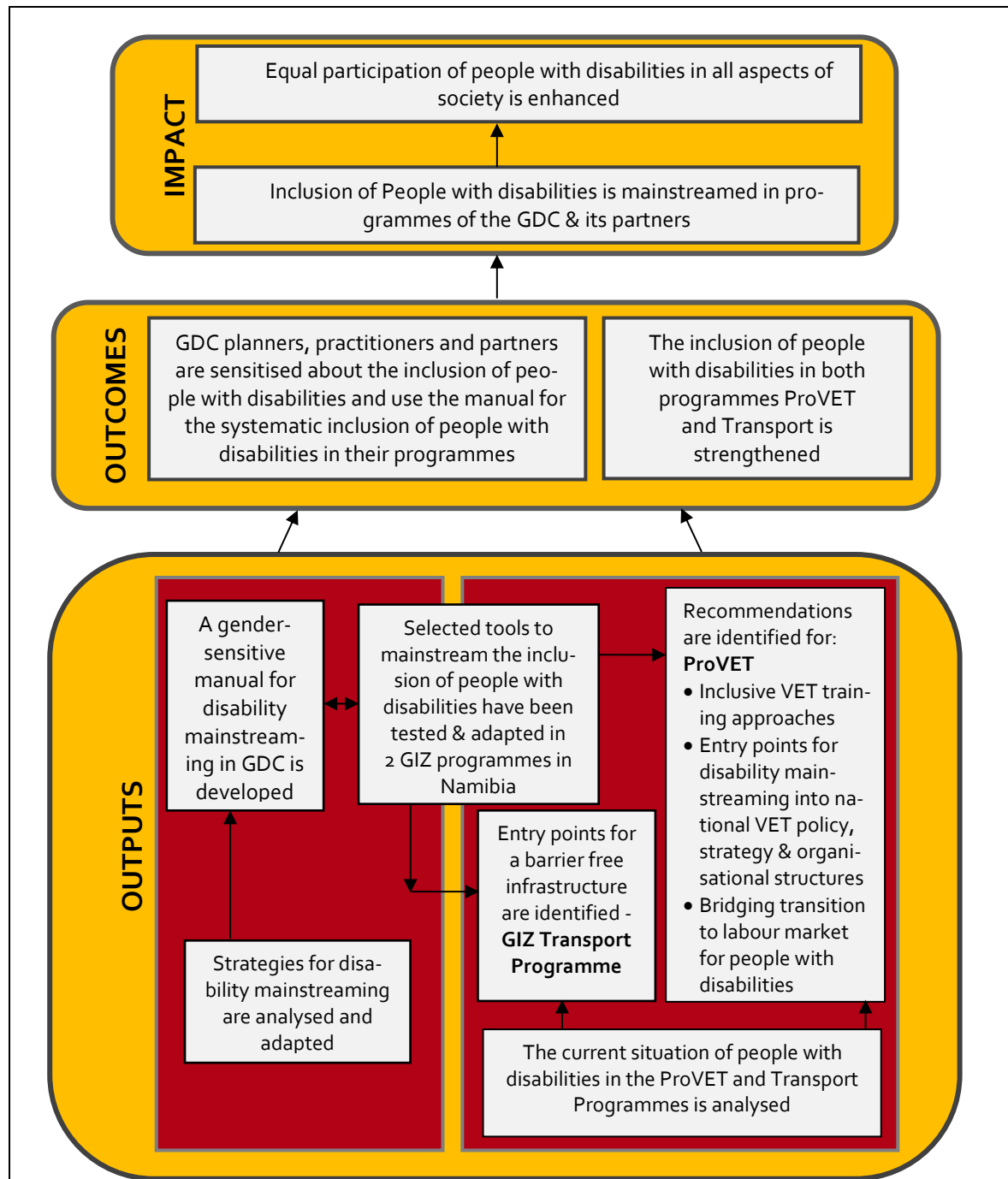


Figure 1: Impact Analysis

Source: own presentation

8 Conceptual framework and study objectives

In consultation with the GIZ's "Inclusion of Persons of Disabilities" programme, the objectives were defined in two products:

Product I: Though smaller in its aim and scope, the first product is the recommendations for the ProVET and Transport programmes for GIZ Namibia and its partners. Among the two, there was a greater focus on ProVET regarding the depth of the analysis and scope of the recommendations. Approximately 70% of the research activities in Namibia were carried out in the ProVET programme, while the remaining 30% took place in the Transport programme.

Product II: The second product is a manual on disability mainstreaming for the GDC. Based on intensive consultation between the GIZ's "Inclusion of Persons with Disabilities" programme and the SLE research team, the disability mainstreaming manual for the GDC was identified as the main product of the assignment. It serves to close an existing assessment gap regarding disability mainstreaming in the GDC and follows the interest of a greater common understanding of disability issues for GIZ and its partners, such as NGOs, DPOs and other organisations.

The users of the manual (Product II) are all staff of the GDC and its partners involved in programme planning, implementation, monitoring and evaluation independent of the specific sectors or countries they are working in. The recommendations (Product I) specifically address the Namibian context and are used by the respective staff in the ProVET and Transport programmes. The overall SLE research study, linking Products I and II, is useful to all interested academics and practitioners active in the field of disability inclusion and mainstreaming.

2.2 Conceptual framework and theoretical approach

The elaboration of both the manual (Product II) and recommendations (Product I) within the SLE study report made a systematic analysis of its relevant contents necessary. Three main research topics were identified for the overall assessment of the study:

1. Concepts of disability, intersectionality (e.g. multiple forms of discrimination based on gender and disability), inclusion and mainstreaming.
2. Aim and function of a manual on disability mainstreaming and inclusion within German Development Cooperation.
3. Analysis of the current situation of people with disabilities in the context of the ProVET and Transport Programme in Namibia.

Key terms and concepts of disability inclusion and mainstreaming must be clarified to effectively identify and address barriers to the inclusion of persons with disabilities in development projects and programmes. In the field of disability inclusion and mainstreaming, such clarifications are especially crucial: definitions and concepts such as “disability” influence the way in which non-disabled persons respond to the concerns and needs of persons with disabilities. Accordingly, the SLE research team identified relevant concepts and definitions in the field of disability inclusion as early as the desk phase. During the research period in Namibia, these definitions and concepts were adapted and tested within the Namibian context of development cooperation. All definitions provided are central to the theoretical background determining the overall structure of the manual and its tools. Additionally, they form the conceptual framework for the research study.

The following theoretical approaches were identified as concepts and core definitions of the GDC regarding disability inclusion and mainstreaming, and thus as highly relevant for the overall aim of both products.

Table 1: Overview – relevant concepts of the study	
Chapter	Relevant Concepts
2.2.1 Evolution of different perceptions and concepts of disability	Individual/medical model of disability Social model of disability
2.2.2 Definitions: impairments, barriers and disabilities	Difference between disability and impairment Types of barriers
2.2.3 International policies	UNCRPD and the human rights-based approach Sustainable Development Goals
2.2.4 Disability inclusion and mainstreaming, and the twin-track approach	From exclusion to inclusion Disability mainstreaming Twin-track approach
2.2.5 Between local and global: approaching disability in transnational and intercultural settings	Multi-level approach Intersectional approach Disability and culture
Source: own presentation	

2.2.1 Evolution of different perceptions and concepts of disability

Asking people about their understanding of “disability” will usually reveal a whole range of answers. Perceptions and concepts of disability are not merely a personal affair, but constantly changing according to different historical and cultural settings. Our perception is thus highly influenced by our surrounding environment and society (see 2.2.5 on disability and culture). Due to political interventions and demands of the international disability movement, the social model of disability has challenged the medicalised and individualist account of the medical/individual model of disability in recent times.

The individual/medical model of disability

While disability has historically been explained in terms of divine punishment, karma or moral failing, an explanation in terms of biological deficit dominated debates until the end of the twentieth century (Shakespeare, 2013: 214).

Based on a “paradigm of rehabilitation” (Waldschmidt, 2005: 15), the medical or individual model defines disability as a problematic health condition of the individual that can be prevented, cured or rehabilitated. In order to integrate persons with disabilities into societal affairs, such as the labour market, the individual should (be) adapt(ed) to society and its surrounding environment. According to the individual/medical model, interventions are thus focused on the individual.

The social model of disability

In the 1970s and 1980s, a range of social approaches were mainly developed by representatives of the international disability movement and the social model of disability gained in popularity. Instead of looking at disability merely as a medical concern, this approach focuses on the social barriers and discrimination that persons with disabilities face in their daily lives (WHO, 2010: 15). It defines disability as “[...] a social creation – a relationship between people with impairment and a disabling society” (Shakespeare, 2013: 216). Not the disabled person, but the society and the surrounding environment are the problem and must be adjusted. According to the social model, interventions therefore focused on societal and the environmental issues.

Both models were used in awareness-raising and sensitisation workshops in Namibia during the field research. Presented as dichotomous approaches towards disability, the following table illustrates the different positions (see Table 2).

Table 2: Medical/individual and social model of disability	
Medical/ Individual Model	Social Model
The individual is the problem.	The barriers, created by society, are the problem.
The individual needs to change.	The barriers need to be removed.
People with disabilities become victims, clients, have no responsibilities and are dis-empowered.	People with disabilities have independence, control and choice.
People with disabilities live, learn and work segregated from their non-disabled peers.	People with disabilities and their non-disabled peers live/work/learn together and from each other.
Source: own presentation	

2.2.2 Understanding disability, impairment and barriers

Despite a clear distinction of focus concerning both models, the medical model doesn't exclude social or contextual issues *per se*, while the social model doesn't exclude issues concerning rehabilitation and medical assistance in general. Within the last twenty years, more interactive approaches recognising that people are disabled by environmental factors as well as by their bodily functions became popular. This development is mainly reflected in the shift in the definitions of disability provided by the WHO. In 1980, relying on the paradigm of rehabilitation and the medical model of disability (Waldschmidt, 2005), the WHO introduced the Classification of Impairments, Disabilities, and Handicaps (ICIDH) (WHO 1980).

This medical classification was revised in 2001 when the International Classification of Functioning, Disability and Health (ICF) became the official WHO framework for measuring health and disability at both individual and population levels. Thus, an official definition of disability on the international level emphasised environmental factors in creating disability for the first time (WHO, World Bank, 2011: 5). The ICF states that disability can be viewed as an outcome "[...] of interactions between *health conditions* (diseases, disorders and injuries) and *contextual factors*. Among contextual factors are external environmental factors (for example, social attitudes, architectural characteristics, legal and social structures, as well as climate, terrain and so forth); and internal personal factors, which include gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual" (WHO, 2002: 10).

12 Conceptual framework and study objectives

The ICF definition draws attention to the fact that the complex notion and concept of disability shouldn't be reduced to either medical or social concerns.³

The distinction between impairment and disability is one of the key achievements of the social model approach and is fundamental to both the development of a manual on disability inclusion and the elaboration of recommendations for the Namibian context.⁴

While impairments are considered individual and private, disability is seen as structural and public (Shakespeare, 2013: 216). Like gender, disability is a culturally and historically-specific phenomenon, not a universal and unchanging essence. While the notion of impairment refers to a bodily function or feature, disability refers to limitations, which are created by society or the surrounding environment: "A disabled person is [thus] a person with an impairment who experiences disability. Disability is the result of negative interactions that take place between a person with an impairment and her or his social environment. Impairment is thus part of a negative interaction, but it is not the cause of, nor does it justify, disability." (Northern Officers Group, 1999: 2).

Relying on the social model approach, the following conclusion became fundamental for the study design on the inclusion of persons with disabilities in Namibia: "[...] the real priority is to accept impairment and to remove disability." (Shakespeare, 2013: 216).

During workshops and interviews the following definitions of impairment and disability were used:

An impairment could be caused by an injury, chronic illness, or congenital condition that signifies or is likely to signify a loss or difference of physiological or psychological function (Northern Officers Group, 1999). Impairments are part of the human condition. Almost everyone who reaches a certain age will be temporarily or permanently impaired at some point in life, and experience difficulties in functioning (WHO, World Bank, 2011: 3). Some people have one impairment, others multiple; some are born with an impairment, while others may acquire an impairment during their birth or the course of their life. Impairments are diverse and heterogeneous. There is no general classification or definition of different types of

3 The ICF is based on the *biopsychosocial model*, which is considered by the WHO as an integration of the medical and social models of disability. This concept will not be examined here in detail (WHO, 2002: 9). For a DPO critique of the biopsychosocial model, see Jolly (2012).

4 For a critique of the social model and the distinction between disability and impairment, see Shakespeare (2013).

impairments, but approaches to these (e.g. medical/psychological, pedagogical or social). Furthermore, classifications of impairments and disabilities are highly context and country specific. As it is important to understand the diversity of impairments, the following types of barriers focus on different manifestations and appearances of impairments (Chataika, 2013: 75):

- Physical impairment – affects a person’s body movement and/or appearance.
→ Potential causes: polio, cerebral palsy, spinal cord injury, joined fingers and toes, muscular dystrophy, loss of limb(s), etc.
- Sensory impairment – affects a person’s sight, hearing, speech, smell, taste, sensation/feeling and/or physical balance (e.g. blindness, deafness).
→ Potential causes: brain injury, iodine deficiency, cataracts, measles, meningitis, malaria, certain medicines, accident, etc.
- Intellectual or cognitive impairment – significantly affects a person’s intellectual and cognitive functioning and adaptive behaviour (e.g. Down’s syndrome).
→ Potential causes: iodine deficiency, genetic or chromosomal abnormalities, birth complications, environmental conditions, etc.
- Psychiatric impairment – affects and profoundly disrupts a person’s thinking, moods, ability to relate to others and capacity for coping with the demands of life (e.g. schizophrenia, major depressive disorder).
→ Potential causes: metabolic disease triggered by stress, etc.

Disability is the loss or limitation of opportunities to take part in society on an equal level with others due to attitudinal, institutional and environmental barriers. It is thus important to identify the different and interrelating forms of barriers that persons with disabilities are facing in their daily life.

First and foremost, barriers are obstacles that make it difficult – sometimes impossible – for persons with disabilities to fully participate in society and do things most people take for granted. These can be such ordinary things like going to school, working, using sanitation facilities or taking public transport. When people think of barriers to accessibility, they mostly think of physical obstacles. For example, using a wheelchair and not being able to enter a public building due to a lack of ramps or lifts. In fact, there are many different kinds of visible and invisible barriers:

Attitudinal barriers – these are considered the most important to identify, since they are the main factors inhibiting progress being made on disability inclu-

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sion (Chataika, 2013: 50). They could be expressed by negative attitudes towards persons with disabilities, stereotypes, prejudices, cultural and religious issues and assumptions. As a result, many persons with disabilities believe they are worthless, dependent and in need of support. This can lead to a cycle of charity and dependency, which is difficult to break.

Environmental barriers – they are considered the easiest to identify (ibid.) and include inaccessible buildings, narrow pathways, uneven surfaces, and print and electronic information in inaccessible formats.

Institutional barriers – they are considered some of the most difficult to identify (ibid.: 51). Without a proactive search, they will not be as immediately evident. This is because they are often linked to social and cultural norms and written into policies and legislation. These include the legal system, employment laws, electoral system, education policies, health service provisions, social services, belief systems and religion, or humanitarian/development agency policies.

Taking the social model of disability into account, different types of impairments and barriers become crucial for a theoretical and practical approach to disability. Within this research study, disability is thus defined as the result of the impairment(s) of a person and the barriers this person is facing in his/her daily life.

IMPAIRMENTS + BARRIERS = DISABILITY
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2.2.3 The international policy framework and the human rights-based approach towards disability

Impairments and barriers are also crucial to the human rights-based approach to disability used in international development cooperation. The characterisation of persons with disabilities offered by the UNCRPD clearly demonstrates this fact. The definition used by the convention states that “[p]ersons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (United Nations, 2006, Art. 2).

Adopted by the General Assembly of the United Nations in December 2006 and effective from 2008, the purpose of the UNCRPD is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” (United Nations, 2006, Art. 1). It reaffirms that persons with disabilities

are right holders entitled on an equal basis to all civil, political, social, economic and cultural rights. With Article 32, it obliges state parties the world over to ensure the adoption of inclusive policies and create accessibility to persons with disabilities. The UNCRPD defines disability as a human rights issue, making general human rights specific to persons with disabilities. One of the core messages of the convention is therefore that persons with disabilities should not be considered as “objects” to be managed, but rather as “subjects” deserving the equal enjoyment of respect and rights as their non-disabled peers (WHO, World Bank, 2011).

This new rights-based approach, which adopts the social model of disability to the policies of international cooperation, challenges the so-called charity approach. The charity approach towards disability, based on the medical model of disability, reduces people to objects of charity, who are unable to lead their own lives. For a long time, international cooperation policies were limited to the provision of special services and medical care (Bruijn, Eigner, 2012; Waldschmidt, 2005: 19).

While there is no universal definition of a human rights-based approach, the United Nations agencies have agreed on a number of essential attributes of such an approach within development cooperation (Office of the United Nations High Commissioner for Human Rights, 2006: 1):

- As development policies and programmes are formulated, the main objective should be to fulfil human rights.
- Rights holders and their entitlements and corresponding duty bearers and their obligations must be identified.
- The capacities of rights holders to make their claims and of duty bearers to meet their obligations must be strengthened.
- Principles and standards derived from international human rights treaties (such as the UNCRPD) should guide all development cooperation and programming in all sectors and in all phases of the programming process.

While the eight MDGs adopted in 2000 by the UN member states do not explicitly mention disability, the current prominence of disability issues and the UNCRPD greatly influenced the elaboration of the SDGs. Five out of 17 goals adopted in September 2015 explicitly mention the inclusion of persons with disabilities as part of the 2030 Agenda for Sustainable Development (see 1.1.2).

Overall, it can be stated that there is an improvement in disability issues in the SDGs. Theoretically, they are well anchored and may lead to a push forward for countless persons with disabilities around the globe. However, many efforts with-

in the SDGs may be seen as too dispersed and ambitious by DPOs. For a long time, persons with disabilities suffered fundamentally from economic exclusion. While Goal 8 focuses specifically on export-oriented growth to overcome problems within society, it is entirely in keeping with existing neoliberal models and ever-increasing levels of extraction, production and consumption. The expenses associated with the SDGs are likely to be seen as unfeasible and, alongside the above, the focus on disability may be jeopardised. Many lobby groups have pushed for inclusion of their own special interests and it remains to be observed in the future how the UN programmes and member states will improve their efforts towards the full participation of persons with disabilities in all political processes.

2.2.4 Disability inclusion, mainstreaming and the twin-track approach

When talking about “inclusion”, it must be noted that there is no universal definition of the term. Inclusion means different things to different people, and in the context of disability issues, it is unfortunately often confused or used interchangeably with “integration”. Nevertheless, there are some non-negotiable key elements unique to the process of inclusion. Disability inclusion is best understood through illustration with the concepts of exclusion/separation and integration/assimilation (Hassanein, 2015; Köbsell, 2012). The following overview “from exclusion to inclusion” was used in workshops on disability inclusion in the vocational education and training sector:

Exclusion/separation

- A process or condition that detaches groups and individuals from social services and institutions and prevents their full participation in mainstream activities of the society.
- Exclusion of persons with disabilities is often based on the assumption that they are not productive, lack abilities, are passive, need support, are a burden, or less valuable human beings in general.
- If there are any structures to address the needs of persons with disabilities, these are special services, such as special schools or sheltered employment/housing.

Integration/assimilation

- Based on a “deficit diagnosis”, a limited number of persons with disabilities are identified, classified and selected for integration into mainstream society, mostly in the education system or labour market.

- According to the individual/medical model of disability, the individual has to be adapted to the non-disabled society.
- The visibility of persons with impairments in everyday life increases while their active and full participation in society is not ensured.

Inclusion

- Is associated with both a process and a goal, which imply the full and equal participation in society by all human beings, regardless of whether they have an impairment or not.
- According to the social model of disability, the society/surrounding environment has to be adapted to ensure participation and diversity.
- Institutions, structures, services, values, attitudes and beliefs of mainstream society need to change to include and respect the dignity, needs and rights of all persons with disabilities as full members of society.

The overall aim of disability inclusion from a human rights-based perspective is to achieve equality for persons with disabilities in all spheres of life. Within international development cooperation, this requires the provision of services that enable persons with disabilities to participate in social life on equal terms with their non-disabled peers. Therefore, regular cooperation and development programmes need to reorientate in order to be inclusive to all sections of society. This means, for example, that persons with disabilities should be included in regular (vocational) educational systems and the formal labour market. As persons with disabilities have the same basic needs as persons without disabilities, these needs can and should be met within mainstream programmes.

Disability mainstreaming is a relatively new concept on the international development agenda. Following the concept and benefiting from the experiences of gender and HIV/AIDS mainstreaming, it involves ensuring that the perspectives of persons with disabilities are central to all activities and processes in a project, programme or organisation. The following definition of disability mainstreaming was used for the overall research design: "Disability mainstreaming is understood as a process of assessing and addressing the possible impact of any planned action on persons with disabilities." (UNRWA, 2013). Furthermore, "[m]ainstreaming is about building disability into existing agendas, frameworks and processes, not adding on separate disability activities. Effective mainstreaming requires strong management commitment. It needs a clear structure, with on-going activities and follow-up, and appropriate budget and time allocated to it. It cannot be a "one-off" activity, or left to individuals with no wider support." (Volunteer Service Overseas, 2006: 6).

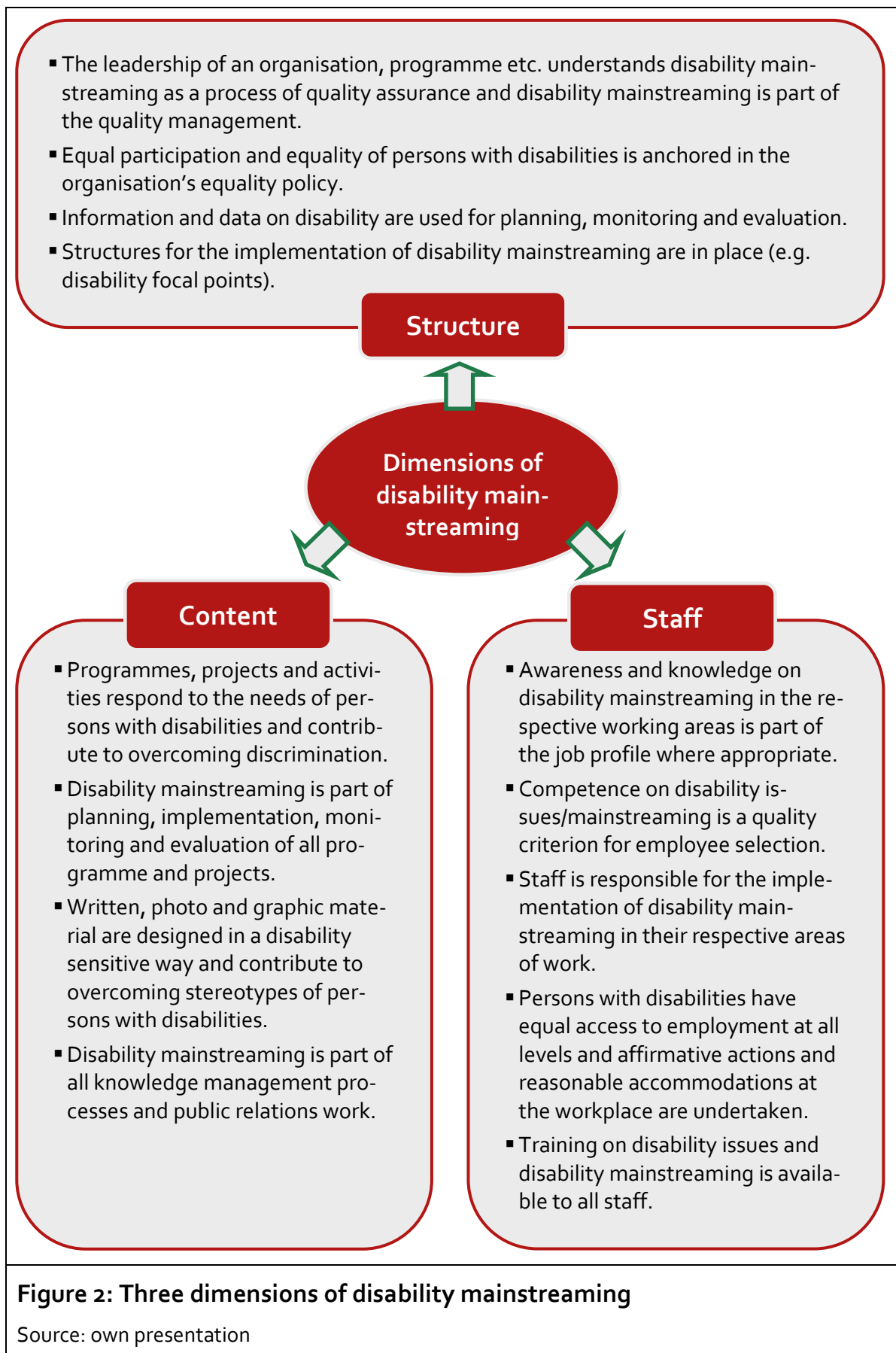
The main idea behind disability mainstreaming is to consider disability as a cross-cutting issue. The concept of mainstreaming incorporates three dimensions: structure, content and staff. The current degree of disability mainstreaming of any organisation or project can be analysed through these three dimensions (see Figure 2: The three dimensions of disability mainstreaming). In Namibia, the current degree of disability mainstreaming of the ProVET programme was examined during an assessment workshop. Embedding disability in the planning process and project design is considered an effective way to mainstream, for example.

Transforming attitudes about disability from a “charitable” mentality to a rights-based discourse is not achieved by simply adopting international policies such as the UNCRPD or SDGs in different contexts. The process takes time and requires political will. An important factor in this process is the direct involvement of persons with disabilities themselves. To fully address the rights and needs of persons with disabilities, simple disability mainstreaming may not suffice.

Therefore, many international organisations and institutions advocate a twin-track approach, comprising two important measures (Austrian Development Agency and Institute for Human Rights, 2013: 11; GIZ, 2015a; WHO, 2010: 20):

1. Development projects/programmes in various sectors mainstream disability in a systematic way, which means that:
 - persons with disabilities are explicitly part of the target group of any project/programme;
 - disability issues are actively considered in mainstream development work.
2. Targeted or more focused initiatives/projects/programmes are undertaken to address the specific needs of persons with disabilities, where necessary.

This means mainstream programmes as well as projects should be enforced to better include persons with disabilities into their overall objectives and functioning. In parallel, measures should be taken to improve support or special services for persons with disabilities with special needs (e.g. persons with multiple impairments) to enhance their ability to participate in development programmes and in society. One track might be followed by the other, or both tracks might be necessary in one project to improve disability inclusion. Mainstreaming and targeted initiatives often complement one another. It is thus necessary to address both people’s specific needs as a result of their impairment and also the wider social issues of discrimination and exclusion.



2.2.5 Between local and global:

Approaching disability in transnational and intercultural settings

Disability mainstreaming and inclusion in any field and sector of international cooperation demands a multi-level approach. While development initiatives have often taken a top-down approach, initiated by policy-makers on the national or international level, community-based approaches are emphasising the involvement of the community on the local level. In order to reach low-income and marginalised populations and to facilitate more inclusive, realistic and sustainable initiatives, the WHO developed the concept of community-based rehabilitation (CBR) with its focus on the micro level of development cooperation (WHO, 2010: 21). Following the GDC aim to implement a multi-level approach, activities and projects are ideally carried out on all levels of society and international cooperation. This mainly concerns:

- the macro level – addressing the national policy framework (government, state institutions, etc.);
- the meso level – addressing the regional policy framework (regional governments/councils, umbrella organisations, etc.);
- the micro level – addressing the local framework (municipalities, local NGOs, schools, etc.).

Given that disability inclusion and mainstreaming can only succeed if all levels of society and policy are addressed, the multi-level-approach is fundamental. Furthermore, the negotiations taking place in the policy arenas between different levels of development intervention should be addressed (Long, 2001: 59). A stakeholder analysis of different actors involved on different policy levels of disability inclusion in Namibia was therefore prepared by the research team as part of the desk phase.

While working in the field of disability inclusion and mainstreaming, it must always be kept in mind that persons with disabilities are not a single group – they are facing different impairments and living in different conditions, and thus facing different levels of discrimination. Generalisations about “disability” or “persons with disabilities” can be misleading. Persons with disabilities have diverse personal factors, with differences in gender, age, socio-economic status, sexuality or ethnicity. Persons with disabilities are thus at the intersection of various forms of discrimination on the grounds of disability and other social categories. In particular, women and girls living with a form of impairment may face double discrimination based on both disability and gender. Consequently, discrimination on the

basis of gender *and* disability is a fact officially recognised by the UNCRPD (UN, 2006, Art. 6).

Furthermore, the relationship between disability and socio-economic status is to a great extent referred to as a “vicious circle” (see 1.1.1; Ingstad, Eide, 2011: 5). Acknowledging that persons with disabilities are disproportionately represented among the world’s poorest people implies that they are facing multiple discrimination based on their social background and their disability. It must also be borne in mind that in low-income countries and areas, persons with disabilities are among the most vulnerable. Already struggling with barriers in their societies, low-income contexts in particular can affect them: “The uniqueness of the disability perspective is that it has to do with poverty within poverty. [...] the problem of poverty and disability is not only linked to the small size of the “cake”, but to the sharing of the small “cake”.” (Ingstad, Eide, 2011: 3). Furthermore, persons with disabilities do not necessarily benefit from international interventions, such as poverty reduction strategies. For a long time, they tended to be “invisible” to the eyes of planners and administrators (ibid.).

An intersectionality approach is seen as the most appropriate tool to analyse the complexity of such phenomena and to inform future policies, legislations, programmes and projects. The concept of intersectionality (or intersectionalism) was first introduced by Kimberlé Crenshaw in 1989. She attempted to describe the interaction of “race” and gender in shaping women’s experiences of employment. She emphasised that especially black women and women of colour face multiple forms of discrimination based on their gender, economic and social status (“class”) and ethnicity (“race”) (Crenshaw, 1989). Over the last 20 years, the concept of intersectionality was developed further and extended to various categories such as disability, age, religion and sexuality (Raab, 2007). All these categories interact on multiple and often simultaneous levels, contributing to systematic inequality in society regarding the access to resources and the realisation of life chances (Windisch, 2014).

The living conditions and chances of persons affected by multiple forms of discrimination, for example on the grounds of disability and gender, can differ completely from those persons facing “only” one form of discrimination. Disability is thus considered a “social category” (ibid., 2014: 119), which is highly socio-cultural specific and interacts with other social categories. Consequently, disability should be framed and analysed by international cooperation agencies as a “socio-cultural practice” (Raab, 2007: 127).

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When development workers and even some scholars speak or write about the situation of persons with disabilities in the global South, they often state that they are locked up, oppressed or even killed by their families. The mistreatment of persons with disabilities is thereby often explained by common attitudes or mostly by culture (Ingstad, Baider, Grut, 2011: 137). Therefore, cultural beliefs about disability are seen as obstacles to development. Considering that perceptions, treatments and interpretations of disability vary strongly across and within cultural contexts and over time, it is clear that each project faces specific challenges depending on the environment within which it takes place. It is important that every project that addresses persons with disabilities must be aware of the specific context and should have the “ability to work “with”, not necessarily “against”, culture” (Devlieger, 1995: 94) when it wants to succeed. What does this mean for the implementation of more inclusive development projects?

The social model of disability forming the theoretical foundation of the rights-based approach and most development policies is a suitable starting point to consider the connection between disability and culture. The social model “defines disability as a social creation – a relationship between people with impairment and a disabling society”, therefore putting culture at the forefront: “Like gender, disability is a culturally and historically specific phenomenon, not a universal and unchanging essence” (Shakespeare, 2013: 223).

This view was backed up with an enormous amount of scholarly work, especially in the various fields of anthropology (Ingstad, Whyte, 1995; Reid-Cunningham, 2009), and led to a controversial academic discourse with (radical) relativistic positions on the one side and universal (social and medical) positions on the other (Üstün, 2001). However, while the social model assumes that disability is formed by cultural and historical phenomena, it locates disability in clear opposition to the non-disabled sections of society. This implies that persons with disabilities are repressed and discriminated against in a universal manner. The cultural view of disabilities emphasises the interactions between persons with and without impairments. This notion leads to specific origins of disability based on mutual, interactive and structural complementarity (Waldschmidt, 2005).

The recognition of cultural aspects is reflected in the International Classification of Functioning, Disability and Health (ICF) of the WHO (see 2.2.2), addressing individual physical limitations as well as socio-cultural contexts that form the specific experience of disability across societies (Ingstad, Eide, 2011: 4). It seems that the “cultural factor” in the context of disability is already accepted. Yet we must admit that when it comes to concrete steps in project implementation, cultural

beliefs and attitudes are not properly included in the work of development planners and practitioners.

The understandings, definitions and approaches mentioned in the study report up to this point (e.g. the UNCRPD, CBR, ICF as well as the medical and social models) can be seen as the “global knowledge” of disability. While universal definitions and principles of disability continue to form the foundation of government policies and international development cooperation, local contexts and understandings of disability can differ widely. In order to address this contradictory relationship, it is necessary to establish mutual strategies of development understanding global and local knowledge on disability as two sides of the same coin (Devlieger, 1999b: 172). Despite the fact that cultural perceptions and attitudes towards disability are manifold and dynamic, a closer look at the “local side” reveals some cross-cultural phenomena that come up in many contexts. These are valuable entry points for understanding and working with cultural beliefs and attitudes in specific settings.

Some examples from the field

Cultural acceptance of disability in Polynesia

Various studies show that certain types of disabilities are more accepted in society than others. This can be observed in two cross-cultural observable aspects. Firstly: the explanations of the causes of specific types of disability. When society explains intellectual impairments with chance but blindness with sorcery, then a person with an intellectual impairment can be integrated into the society far more easier while a blind person is excluded. Secondly: the social expectations of an individual with a disability when they reach adulthood. When a culture, like in many societies in Polynesia, is strongly based on oration (e.g. the ability to speak eloquently and convincingly) for gaining political influence and power, persons with hearing or intellectual impairments experience shortcomings in the political field. In rural societies that depend on agriculture and hard physical labour, persons with physical impairments experience far more disadvantages than persons with a hearing impairment (Groce, 1999).

Language as a key to the perception of disability in Mozambique

Language is one of the keys to a cultural understanding and critique of disability on the local level. Attitudes to disability are reflected in proverbs, tales, narratives and myths, and showing cultural understandings and meanings of disability itself. Furthermore, local language reflects classification systems addressing ques-

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tions of stigmatisation and prospects for social development (Devlieger, 1999a: 300), as the following example shows. In the suburbs of Maputo, the capital of Mozambique, Handicap International runs a project for children with cerebral palsy. Over the course of many years, the project team discovered that the local dialect has 27 different terms to describe a fine differentiation of various degrees of the disease. Each word tells exactly if the child and/or the family are seen as victims or as responsible for causing the disability. According to this explanation (guilty or not guilty), the social status and the acceptance of further therapeutic measures are completely different (De Keersmaeker, 1999: 193). Negotiations, meanings and attributions of terms are not just a question of semiotic aesthetics but a political and cultural process that shapes a disputed relationship between disabled and non-disabled members of society. This process also reveals the role and perception of society to persons with disabilities. Therefore, knowledge about local language addressing disability should be used when organising awareness-raising programmes, training and workshops or publishing information and working materials of development projects (Devlieger, 1999b).

Besides language, supernatural issues expressed in ritual transitions, religious sanctions and boundaries, taboos, sorcery and cosmogonies provide information on deep understandings and perceptions of disability. These conceptions are often the most powerful and resilient, and embody the understanding of disability within the respective society. The degree of access for persons with disabilities to this knowledge and according practices determine their social position and possibilities for transformation and change (Devlieger, 1999a).

Gender, age and disability in Central Congo

While disability can be experienced at different stages during the life cycle (birth, life transitions, old age), different cultural concepts about human development can lead to varying degrees of tolerance to human differences and acceptance and expectations regarding persons with disabilities at different stages in life. As discussed in the previous chapter, gender issues also play an important role when it comes to cultural expectations: the social importance of marriage arrangements, specific tasks regarding family life and opportunities for occupation and employment are particular culturally arranged aspects resulting in specific restrictions and opportunities for persons with disabilities (ibid.).

Culturally-specific technical knowledge dealing with disability is also part of the "local side" and must be considered in order to implement more efficient project activities, as shown in the following example. During a medical project carried out in the Kasai region of Central Congo, medical doctors offered rehabilitation

for children with deformations of the lower limbs due to polio. In addition to surgery and medical rehabilitation through plastering, the children received braces and crutches that should enable them to walk freely. However, as the children grew and the braces and crutches had to be replaced, many families threw them away because they were too expensive or the facilities offering services too far away or inefficient. Instead of the modern braces, the children were provided with simple wooden sticks cut from a tree and easily adjusted to their height and weight. The Songye and Luba people living in the region practised this method over hundreds of years. The advantage of being able to use both hands thanks to the braces was not considered very important. The development planners also did not consider the culturally normative expectation that women should be able to walk whilst carrying goods balanced on their head, which was not possible when using the braces (Devlieger, 1999b).

What can GDC projects on disability inclusion learn from local culture?

The final example clearly shows that successful project implementation needs to keep both sides of the coin – the global and the local aspects – in mind. It is important that both sides are addressed equally, and that local and global knowledge is used in combination if we wish to change the situation of persons with disabilities. The main question is how universal rights for persons with disabilities (as implemented by the UNCRPD) can be addressed while at the same time accepting the equality of cultural approaches to disability.

The practical need to pay attention to this issue could be achieved by following the concept of “situational sensitivity” (Bickenbach, 2009) taking into account that besides cultural differences, related aspects of class, gender and environment can also undermine the efficiency of project activities. Being respectful in this regard means that barriers based on these phenomena are identified and understood in order to elaborate functioning projects and solutions.

A closer look at the UNCRPD shows that “situational sensitivity” is anchored in its theoretical framework (social model of disability) and essential for its implementation. Disability is understood as an interactive relationship between the unique characteristics of people with impairments and the overall context in which these persons live. This leads us to the understanding that two persons with the same state of health could have different disabilities due to their overall environment. This interactive conception of disability links the universal rights-based approach to sensitiveness of cultural differences. When cultural phenomena define the lived experience of disability, then culture also becomes fundamental for

strengthening the rights of persons with disabilities, as defined in the fundamental principles of the GDC (ibid.).

Based on these insights, elaboration of the recommendations and the development of the manual attempt to follow these guidelines as closely as possible:

- All development programmes and projects in the field of disability inclusion must adopt a culturally-sensitive approach.
- Sensitisation and awareness raising must address these issues by considering the local language.
- The social acceptance of different types of disabilities can differ widely in different socio-cultural settings.
- Devices and technology should be adapted to cultural-specific concepts of age and gender, where necessary.
- Instead of simply applying the rights-based approach to disability in different socio-cultural settings, an interactive concept of disability considering universal and socio-cultural settings must be implemented in any project design and implementation.

2.2.6 Summary: Guiding principles for a disability-inclusive development cooperation

The definitions and concepts regarding disability inclusion and mainstreaming lead to two overall guiding principles for inclusive development, which the implementing agencies of GDC should adapt. Therefore, the relevant core principles of participation and non-discrimination were systematically applied during the elaboration of the manual (product I), as to the elaboration of recommendations for the two GIZ programmes in Namibia (product II). Participation within inclusive development projects must be understood as both a process and a goal.

1. Participation as a process: persons with disabilities themselves and their organisations (DPOs) actively participate within all project phases of staff members and counterparts of the GDC.
2. Participation as a goal: persons with disabilities benefit from development interventions on an equal level to their non-disabled peers.

The guiding principles of non-discrimination and participation themselves require two important measures: on the one hand, appropriate modifications and adjustments must be realised within projects and programmes to ensure that persons with disabilities are able to participate equally. Such modifications and adjust-

ments should for example include reasonable accommodation of persons with disabilities and accessibility to all human rights according to the UNCRPD. However, a second and even more important requirement is the creation of attitudinal change and awareness. While the largest barriers to disability inclusion remain the mindsets of people and prejudice in society, GDC staff must become aware of the disability dimension in their programme or project. Therefore, awareness raising and sensitisation on a regular basis must be ensured within GDC structures.

3 Namibian context

To analyse the current situation of persons with disabilities in Namibia, the topic must be situated within the wider context of Namibian society and development cooperation in the country. Besides providing some general information in 3.1 (country profile), the specific role and position of GDC in Namibia will be analysed in greater detail in 3.2. The policy overview about disability inclusion in Namibia in 3.3 focuses specifically on the two relevant GIZ ProVET and Transport programmes. In the final section in this chapter (3.4), an overview is provided of the study regions and research aspects.

3.1 Country profile

The Republic of Namibia is situated in south-western Africa where it borders on Botswana, Zambia and Zimbabwe. It is a large territory of 825,615 km² in size and has a comparably small population of 2,113,077 inhabitants (Republic of Namibia, 2011: 1). Given the presence of the arid Namib Desert, it is one of the most sparsely populated countries in the world. Only in early 1990 did Namibia gain independence from South Africa (for other key facts on Namibia, please see Table 2). Since this time, the country is described as enjoying high political, economic and social stability within a multi-party parliamentary democracy. In 2009, Namibia was officially classified as an upper-middle-income economy by the World Bank with a gross domestic product (GDP) per capita of around 5,700 USD at the current exchange rate (The Namibian, 2013).

3.2 The specific role of GDC in Namibia

Despite its current status as an upper-middle-income country, not everyone in Namibia is benefiting from the country's wealth. The Gini index, which measures the extent to which the distribution of income among individuals or households within an economy deviates from a perfectly equal distribution, demonstrates this. With a Gini index of 61.0 in 2009, Namibia has one of the highest levels of inequality in the world (World Bank, 2015). Thus, the income gap between the rich and the poor population groups is one of the most marked in the world. Despite the end of South Africa's apartheid rule in 1990, the majority of Namibia's black population in particular is still affected by high rates of unemployment and the inequitable distribution of land. Furthermore, Namibia has one of the highest HIV prevalence rates in sub-Saharan Africa (GIZ, 2015).

Table 3: Country profile Namibia⁵

Information	Detail		
Time zone	WAT (UTC +1), WAST (UTC +2h)		
Calling code	+264		
Capital	Windhoek (pop. 322,500)		
Other major cities	Grootfontein, Katima Mulilo, Keetmanshoop, Lüderitz, Ongwediva, Ondangwa, Oranjemund, Oshakati, Otjiwarongo, Rundu, Swakopmund, Tsumeb, Walvis Bay		
Independence	21 March 1990 (from South Africa mandate)		
Climate	Hot, varies from hyper-arid and semi-arid to subtropical		
Terrain	Varies from coastal desert to semiarid mountains and plateau		
People	Black 87%; white 6%; people of colour 7%. Ethnic groups: Ovambo (about 50% of the population), Kavango (9%), Herero (7%), Damara (7%), Nama (5%), Caprivian (4%), San (3%), others		
Religion	Predominantly Christian		
Language	English (official; 7%), Oshiwambo, Setswana, Lozi, Otjiherero, Rukwangali, Afrikaans, German, Damara, others		
Literacy	65% of total population; 31% female, 45% male		
Natural resources	Diamonds, copper, gold, uranium, lead, tin, zinc, salt, vanadium, fisheries, and wildlife; suspected deposits of oil, coal, and iron ore		
Agriculture	Livestock, millet, fish and fish products, grapes, wool		
Industries	Mining, tourism, meatpacking, fish processing, dairy products		
Export	Diamonds, copper, gold, zinc, lead, uranium; cattle, white fish and molluscs		
Export partners	South Africa (27% of total), United Kingdom (17%), USA, Angola, Netherlands and Spain		
Imports	Foodstuffs; petroleum products and fuel, machinery and equipment, chemicals		
Import partners	South Africa, Switzerland, China, United Kingdom, Germany, Botswana		
Currency	Namibian dollar (NAD); South African rand (ZAR)		
Source: own presentation			

5 See: <http://www.nationsonline.org/oneworld/namibia.htm>

Calculated on a per capita basis, Namibia is the largest recipient of development aid from the Federal Republic of Germany in Africa. In 2013, the total volume of official development aid (ODA) via German bilateral technical and financial cooperation commitments to Namibia since 1990 – including the former German Development Service (DED), former InWent (Capacity Building International), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Centre for International Migration (CIM), humanitarian assistance, civil society organisations and political foundations – amounted to about seven billion Namibian dollars (Katjavivi, 2014: 147). This is mainly due to the two countries' shared history and Germany's responsibility for colonial crimes.

Between 1884 and 1915, Germany ruled the colony of "German South-West Africa", which was marked by tensions and oppression of the local population. The colonial rule reached its sad climax between 1904 and 1915 when 65,000 OvaHerero (80% of the total Herero population) and 10,000 Nama (50% of the total Nama population) were killed by colonial troops led by the military commander, Lothar von Trotha (Fischer, 2015; Schicho, 1999).

To this day, the first genocide of the twentieth century has not been legally recognised by the German president, parliament or government. However, "historical responsibility" is expressed by treating Namibia as a "priority partner" in GDC (BMZ, 2015). Besides regular financial support for Namibia, GDC supports a range of programmes and special campaigns, such as the Initiative for Reconciliation. This initiative aims to promote local projects in areas where descendants of genocide victims live. However, the initiative is criticised for not involving the Namibian population or Herero and Nama representatives. Furthermore, it is debated whether GDC is the appropriate channel to recognise the injustice of the genocide (Namibian Sun 2015; Fischer, 2015).

The main objective of the GDC is to support the Namibian government in its efforts to reduce poverty, improve infrastructure and the sustainable use of natural resources, and foster sustainable economic development. GIZ's activities focus on the priority areas of the management of natural resources, transport and economic development. It also advises in the field of mainstreaming topics such as HIV/AIDS (GIZ, 2015).

3.3 Policy overview – disability inclusion in Namibia

The prevalence of disability in Namibia varies between 5% to 15% (Republic of Namibia, 2011: 1). The "vicious cycle" described in the introductory chapter seems

to be evident in Namibia, as persons with disabilities still have little or no access to health, education or jobs. Given the high level of unemployment within the country in general, it is perhaps not surprising that 90% of persons with disabilities are unemployed compared to 27.4% of their non-disabled peers. Children with disabilities are twice as likely not to receive primary education as non-disabled children. Although two thirds of persons with disabilities are able to access health services, the provision of vocational rehabilitation, education and assistive devices is grossly inadequate (GIZ, 2013; Lang, 2008: 27f).

Information about the inclusion of persons with disabilities in Namibia is generally rather limited. However, a range of key laws and policies are already in place. They will be analysed further in Chapter 6 on the policy framework and its implementation in Namibia and are presented below:

- 1997 National Disability Policy, framing disability as a human rights issue
- 2007 Ratification of the UNCRPD
- 2010 Establishment of the National Disability Council of Namibia (NDC) as an advisory board to monitor the implementation of the National Disability Policy and the UNCRPD to enforce equal opportunities for persons with disabilities

There are only a few DPOs in Namibia. The National Federation of People with Disabilities in Namibia (NFPDN) is the national umbrella body of DPOs in the country. Founded in 1990, the federation is funded by the European Commission and the Finnish embassy.

Furthermore, a considerable gap exists between rather progressive policy frameworks and their implementation. Although the UNCRPD was ratified, the domestic legislation is still in need of substantial revision. A lack of coordination among the government ministries responsible for the conception, implementation and evaluation of disability services is clearly discernible (Lang, 2008; Lorenzkowski, 2013). Moreover, it is crucial that the Namibian government takes its commitment to a rights-based approach to disability seriously. As more personnel and financial resources are and will be committed to this field in the future, Namibia's policies and legislation provide promising entry points for development programmes, such as the GIZ's ProVET and Transport programmes.

3.3.1 The ProVET programme

The "Promotion of Vocational Education and Training" (ProVET) programme has been running since 2012. It represents a joint initiative between GIZ and the

still relatively young Namibia Training Authority (NTA). It is being implemented in collaboration with a consortium of consulting firms (INTEGRATION, Scottish Agricultural Centre, MANSTRAT, and Agricultural Intelligence Solutions). Within the framework of the Namibian National Development Plan (NDP₄), ProVET tackles the acute shortage of skilled workers by developing a high-quality education system. The goal of ProVET is to achieve the main targets of employment promotion, sustainable economic development and a reduction in income inequality (GIZ, 2013). Therefore the programme pursues the objective of systematically strengthening the core process of Namibia's vocational education and training system within four key fields of activity: 1. supporting private and state vocational training providers (VTP) in the introduction of training programmes; 2. improving key elements of the vocational training core process; 3. improving the conditions for financing priority basic and further training programmes; and 4. increasing the participation of the private sector in the development of vocational training programmes. Additionally, ProVET is taking cross-cutting issues such as gender, HIV/AIDS and, in its second project phase, the inclusion of persons with disabilities into consideration (GIZ, 2015d).

The relatively young NTA regulates the Namibian VET sector in order to assure that the quality of qualifications and skills issued by registered training providers meet the national standards. For its part, ProVET provides consultancy services, capacity building and further training to the NTA. The aim of ProVET is to offer reviewed and newly-developed vocational training and to strengthen the NTA as a whole (GIZ, 2013, 2015e).

ProVET's second programme phase started in February 2015 and will end in September 2017. Here, the need to include persons with disabilities in its activities and VET core processes was identified and assigned importance. This goal is to be achieved by:

- training relevant actors, e.g. vocational trainers, in inclusive vocational education, taking the needs of persons with disabilities into account;
- identifying and reducing all barriers for persons with disabilities in selected training measures and for selected training providers;
- promoting an exchange between the NDC, the Directorate of Disability Affairs under the Office of the Vice President, DPOs, the NTA and other relevant stakeholders;
- identifying opportunities for bridging the transition to the labour market for trainees with disabilities (TwD).

3.3.2 The Transport programme

The GIZ's Transport programme entitled "Strengthening of institutional and management capacity in the road sector" launched its activities in 2004. It provides direct consultancy services and technical expertise to the Namibian Ministry of Works and Transport as well as other transport sector institutions. The road infrastructure and its connecting transport system is one of the most challenging aspects in the vast country (GIZ, 2014).

One focus of the Transport programme is capacity development as well as education and qualification of graduates at UNAM and the Namibia University of Science and Technology (NUST) in Windhoek and Ongwediva. Both universities provide input for the "MoveWindhoek" project and the "Sustainable Transport Master Plan for Oshana, Oshana, Oshana and Oshikoto" in the northern regions of Namibia. This project is called "Transport4People" (T4P) and addresses issues of road safety, public transport, road infrastructure, non-motorised transport, transport connectivity, transport terminals and stops, and traffic management in the northern regions of Namibia.

As accessibility, safety and security are issues important to the participation of persons with disabilities in the transport sector, disability issues are also considered within the GIZ's Transport programme. Accessibility as one of the key principles of the UNCRPD is a relevant topic for ongoing and future projects of the programme, such as the T4P project and the qualification of engineers in Namibia.

3.3.3 Study regions

The research took place in three regions of Namibia (Karas, Oshana and Kunene) and was conducted in the capital city of Windhoek and the two northern towns of Ongwediva and Rundu. The research sites were chosen for two reasons: firstly, the two GIZ programmes have already been implemented in the respective regions; secondly, recommendations concerning the situation of persons with disabilities must pay attention to the densely populated north of the country.

The research sites are marked in the map of Namibia shown below (Figure 3).

The capital of Windhoek (population 322,500) is the social, economic, political, and cultural centre of the country. Most Namibian national enterprises, governmental bodies, and educational and cultural institutions have their headquarters here.

Rundu (population 63,430) is located in the Kavango-East region in the north of Namibia on the border with Angola. It is a rapidly-growing district town and the region's centre, which has higher rainfall than most other parts of Namibia. Hence, it has agricultural potential for the cultivation of a variety of crops as well as for organised forestry and agro-forestry, which stimulates furniture-making and related industries.



Figure 3: Map of Namibia

Source: <http://www.ezilon.com/maps/africa/namibia-maps.html>

Ongwediva (population ~30,000) is situated in the Oshana region in the north of Namibia and is the district capital of the Ongwediva electoral constituency. Most of the inhabitants speak Oshiwambo. Formerly a residential area for people employed by businesses and government in Oshakati and Ondangwa, all main

educational institutions in the north of Namibia are situated here. Ongwediva enjoys the status of the second most liveable town in Namibia. The newly created Faculty of Engineering and Information Technology at the University of Namibia is based in Ongwediva and started its first official academic year in 2009 (UNAM, 2015).

4 Methodology

The research methodology outlined in this chapter was elaborated as part of the desk phase in Berlin and developed further during the field phase in the above-mentioned study regions in Namibia. The basic idea of the research methodology outlined in this chapter follows an “iterative work process”, combining the development of the manual (see 4.1) and the recommendations (see 4.2). As a result, the data for the recommendations collected in Namibia was used for both products, as shown in figure 4. Furthermore, the methods of data analysis (4.3), as well as the limitations of the methodology used (4.4) and the different research phases are examined in greater detail.

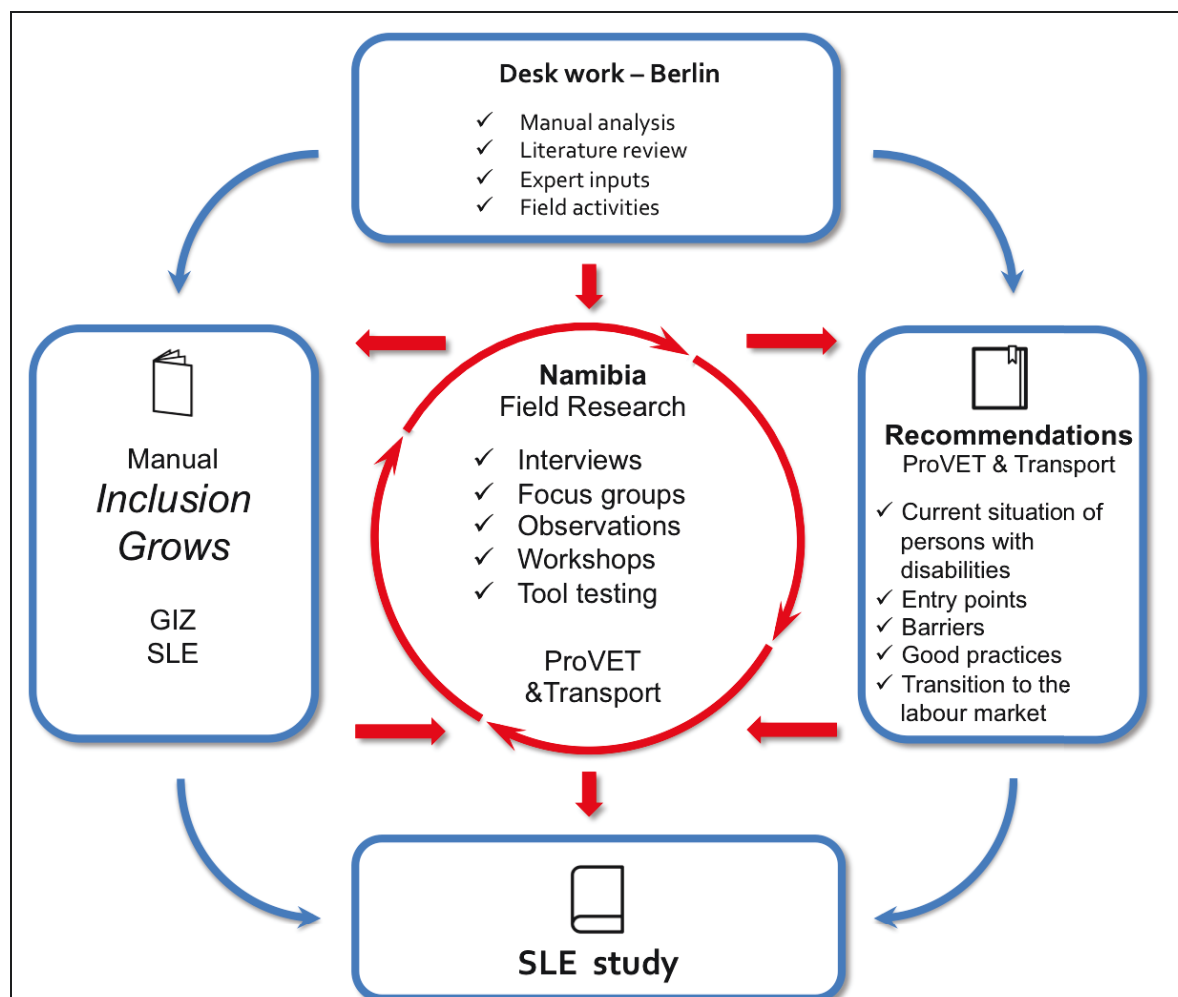


Figure 4: Methodological approach of the study

Source: own presentation

The methods used contained structured observations, semi-structured interviews, workshops and focus group discussions with practitioners and planners in development cooperation, representatives of Namibian government bodies, trainers and trainees at vocational training centres, DPOs and NGOs and others. The workshops that carried out within the ProVET and Transport programmes enabled the research team to test and adjust various tools suitable for disability mainstreaming. Furthermore, the results of the systematic analysis of the workshops complemented the elaboration of the recommendations. Representatives from Namibian DPOs assisted the research team as resource persons during the workshops, offering their expertise about the Namibian context and answering the participants' questions.

Additionally, the knowledge gained from interviews, focus group discussions and various observations completed the design, usability and examination of the respective tools and contents, ensuring the applicability of the manual. Combining the elaboration process of both products allowed the research team to illustrate concrete challenges to the implementation of inclusive project activities in the field often seen as a major shortcoming in terms of the inclusion of persons with disabilities in programmes and projects of the GDC.

All research data was collected in accordance with Article 31 of the UNCRPD ensuring confidentiality and respect for the privacy of persons with disabilities (Para 1a) with the aim of contributing to Germany's obligation as a state party to identify and address the barriers faced by persons with disabilities in exercising their rights (Para. 2) (United Nations, 2006).

To ensure a clear outline of the methodology used for the SLE research study, the following chapter differentiates between the two products – the recommendations and the manual.

4.1 Recommendations for ProVET and the Transport programme

The methodological approach used for the elaboration of the recommendations follows the conception of disability found in the UNCRPD (see 2.2.3). Therefore, the main objective of the research design was to identify various barriers preventing persons with disabilities from participating in the VET and transport sectors and to detect possible entry points for inclusion.

4.1.1 Research units

In order to collect empirical data for the recommendations, the research team conducted various field activities in Namibia using a mix of different qualitative methods. Based on previous research by the GIZ (Lorenzkowski, 2013; NTA/ProVET, 2015), the preparation mission of the SLE team leader (Kieck, 2015) and desk work of the research team in Berlin, the GIZ's ProVET and Transport programmes were identified as the main research units in Namibia for product II.

Relevant project partners, stakeholders and resource persons of both programmes are located on the macro, meso and micro level. This multi-level approach by the GIZ is required for the sustainable inclusion of persons with disabilities into the policies and development programmes of GIZ and its partners in Namibia. As part of the desk study, relevant institutions, organisations and other information sources were identified from the aforementioned pre-studies and the preparation mission. According to this stakeholder analysis, the most important actors are the respective ministries on the national and regional levels, the NTA, as well as VTPs with existing experience in the inclusion of trainees with disabilities.⁶ The UNAM contributed its knowledge and facilities to conduct further research with relevant stakeholders in the transport sector. The NDC, the Federation of People with Disabilities in Namibia (FPDN), DPOs and individuals (persons with disabilities in general and trainees with disabilities in particular) were important sources of information for both investigation units, considering the current situation of persons with disabilities in vocational education and training as in the transport sector. Table 4 offers a detailed overview of both research units at the various levels.

6 In this context, inclusion means in accordance with the UNCRPD equal access to and participation in VET and the labour market (Art. 27) in order to live an independent life and to realise the rights of people with disabilities to an adequate standard of living and social protection (Art. 28) (cf. United Nations, 2006).

Table 4: Research units		
Level	VET Programme	Transport Programme
Macro	<ul style="list-style-type: none"> Ministries (Ministry of Higher Education, Training and Innovation; Ministry of Education, Arts and Culture; Ministry of Health and Social Services – Rehabilitation Division) NTA NDC Federation of People with Disabilities in Namibia (FPDN) GIZ ProVET programme 	<ul style="list-style-type: none"> Ministries (Ministry of Works and Transport; Ministry of Health and Social Services – Rehabilitation Division) Consulting agencies (GOPA) NDC Federation of People with Disabilities in Namibia (FPDN) KfW GIZ Transport programme
Meso	<ul style="list-style-type: none"> Regional Ministries (Khomas and Kavango regions) Regional Rehabilitation Division (Khomas and Kavango regions) UNAM Windhoek 	<ul style="list-style-type: none"> Regional Ministries (Oshana region) Regional Rehabilitation Division (Oshana region) UNAM Ongwediva
Micro	<ul style="list-style-type: none"> Vocational training providers NGOs (e.g. FAWENA, Interim) DPOs 	<ul style="list-style-type: none"> Local policy institutions (e.g. Ongwediva Town Council) DPOs/NGOs in the four northern regions Public buildings and infrastructure
Source: own representation		

4.1.2 Used methodology – scientific background

Referring to the GIZ multi-level approach, the chosen methods addressed the different settings in Namibia, from the macro to the micro level. A brief systematic overview is shown in Table 5.

Semi-structured expert interviews

Qualitative Interviews are generally conducted where information, knowledge or attitudes are not observable or accessible through desk research. In the context of the field study in Namibia, this method is applied to collect data concerning the inclusion of people with disabilities, filling information blanks that are not available in official documents and to identify entry points for networking possibilities among stakeholders. Several semi-structured questionnaires for the respective

interviewees were developed. Pre-tests of the questionnaires were conducted in the first research phase in Windhoek (August 2015), ensuring their applicability.

The main topics for the semi-structured interviews were identified in advance. By using semi-structured questionnaires the interviewer remains flexible to react to the information given by the interviewee and to adapt the order and focus of further questions accordingly (Neubert, 2001: 21). A sample of experts was already identified by the pre study (Kieck, 2015). The interviews covered 20-25 guiding questions with an average duration of one hour. To easily adjust the interviews to the specific background of the interviewee and to ensure the validity and comparability of the interviews results, the following modules of questions were used and exchanged when necessary (see sample questionnaire in Annex 1).

- Institutional framework: to what extent is inclusion anchored in your organisation? What structures, goals, responsibilities, motivation do exist?
- General situation of people with disabilities in Namibia: policy framework, opportunities and barriers
- Specific needs in terms of VET (e.g. transition to the labour market)
- Specific needs in terms of transport
- Manual: what does the interviewee expect from a manual for disability mainstreaming?
- Future visions for the inclusion of people with disabilities in Namibia and world wide

Focus group discussions

Topics to be discussed in focus group discussion dealt with: barriers, needs, accessibility, opportunities, attitudes towards trainees with disabilities, practical challenges in the training context, networks, safety and security issues. Focus group discussions were led by semi-structured interview guidelines and carried out with trainees of VET's with and without disabilities, VET trainers and representatives of DPOs (see sample questionnaire in Annex 2). A fundamental reason for choosing this method is the anticipated group dynamics throughout the process. Hence, type and range of data generated through the social interaction of the group can be deeper and richer than those obtained from one-to-one interviews (Schlehe, 2008: 130).

Observation

Beside interview based data collection, the SLE research team used structured observation methods (Beer, 2008; Diekmann, 2011). These were applied during the workshops on disability inclusion with VET providers and stakeholders who are supported by ProVET, in order to test the applicability of the workshop tools and concepts. Observation was also used during the SLE fieldwork in Ongwediva, delivering a deeper understanding of existing barriers in the transport sector and showing possible entry points for inclusion.

Assessment criteria for the ProVET workshops were based on the following quality criteria for appropriate tools:

- Time: Is it possible to conduct all planned activities during the workshop?
- Comprehension of the content: Are there a lot of questions from the participants?
- Results: Does the workshop deliver usable results?
- Qualitative participation: Are the attending persons equally contributing?
- Quantitative participation: Are all invited stakeholders attending and participating (relevant factors/ stakeholders: gender balance; DPOs; governmental organisations; people with and without disabilities; private sector etc.)?
- External conditions: e.g. appropriate facilities for people with disabilities? Accessibility of the location? Suitable date?

Following the assessment criteria, one member of the research team recorded the observations using a standardised evaluation sheet. Based on these findings, the tools applied (e.g. a module about awareness raising and a stakeholder analysis) were revised and adapted for further use. Additionally, the participants conducted a brief evaluation after the workshop to give feedback about the methods and content.

These observations are important to examine the suitability and applicability of the chosen tools in terms of project implementation, ensuring their suitability for disability mainstreaming in all sectors of the GDC. Furthermore, through the participation of people with disabilities within the planning and implementation of workshops, their perspectives and ideas in terms of useful disability mainstreaming tools were taken into consideration for the development of both products.

Observation criteria for the Transport programme

Based on literature reviews, the preparation mission of the SLE team leader and expert inputs in Berlin, the research team decided to carry out a structured observation to assess the current situation of persons with disabilities in the transport sector. As there is no clear distinction between structured and participatory observation (Beer, 2008), the research team also actively participated in the public transport sector, using different services and examining the information collected through the interviews. The main research site was the transport sector in the northern regions of Namibia, with a special focus on the Oshana region. The observation criteria, which were counter-checked by the counterparts in Ongwediva, are as follows:

- Presence of persons with disabilities in public spaces
- Use of existing transport services by persons with disabilities
- Accessibility of current modes of transportation for persons with disabilities
- Accessibility of infrastructure (taxi ranks, public buildings, etc.)
- Current situation in terms of non-motorised transport
- Current situation in terms of security and safety issues within the transport sector for persons with disabilities, with a special focus on the situation of girls and women with disabilities

An essential part of the iterative research design was testing of the tools during the workshops, followed by adaptation of these tools. The knowledge gained from expert interviews, focus group discussions and various observations complements the design, usability and examination of the respective tools. Results with regard to contents of the conducted workshops were also used for the recommendations, especially in the transport sector.

During the field phase between 4 August and 29 October 2015, the research team conducted a total of 40 interviews, six workshops and four focus group discussions. In accordance with SLE's principle guidelines, all sources were anonymised using a table of codes (see Annex 3).

Table 5: Overview data collection methods

Methods	Research Units	Objectives
Semi-structured expert interviews	Staff of ministries, gov. inst., GIZ Namibia, KfW, GOPA, VET teachers, directors, university staff, representatives of DPOs, NGOs, persons with disabilities, VET trainees with and without disabilities	<ul style="list-style-type: none"> ▪ Identification of discrimination patterns against persons with disabilities ▪ Identification of general barriers and specific needs ▪ Analysis of current policies and their implementation concerning disability inclusion ▪ Analysis of potential communication and networking structures for disability inclusion ▪ Identification of knowledge and implementation gaps concerning policies for the inclusion of persons with disabilities ▪ Analysis of the current situation of persons with disabilities in society, social environment and in the VET and transport sectors ▪ Identification of barriers and entry points in terms of VET and transport
Focus group discussion	Trainees with and without disabilities, VET trainers, representatives of DPOs	<ul style="list-style-type: none"> ▪ Information on living and training circumstances of trainees with disabilities ▪ Identification of specific needs and barriers of persons with disabilities ▪ Identification of existing/lacking care systems/economies for persons with disabilities ▪ Identification of possible entry points or existing networks linking vocational education and training to the labour market ▪ Identification of possible knowledge gaps about the rights of persons with disabilities and inclusive policies
Structured observation	Workshops	<ul style="list-style-type: none"> ▪ Testing and adaptation of selected tools for disability mainstreaming ▪ Awareness raising for VET trainers in terms of disability inclusion ▪ Identification of barriers and entry points for inclusion in terms of VET and transport
Structured observation	Transport sector in the Ohangwena, Omusati, Oshana and Oshikoto regions	<ul style="list-style-type: none"> ▪ Analysis of the infrastructure in the northern regions (with a focus on the Oshana region) ▪ Analysis of the infrastructure in the northern regions (with a focus on the Oshana region) ▪ Identification of needs and barriers of persons with disabilities coping with infrastructure ▪ Identification of safety and security issues for persons with disabilities concerning transportation
Tool Testing Methodology	Workshops	<ul style="list-style-type: none"> ▪ Testing of selected tools and identification of their relevance for the manual if successfully tested

Source: own presentation

4.2 Manual development

There are numerous manuals available addressing development and disability, yet most of them miss the link between theory and practice. Therefore, the elaboration of the manual is based on the fieldwork that the research team conducted in Namibia. Besides testing and adapting some tools for the manual, the practical experiences of the team in terms of project implementation and situation analysis also form part of the manual. These experiences illustrate the challenges for development planners and practitioners when working in the field of disability inclusion and offer orientation on how to anchor inclusion in their own projects and activities.

4.2.1 Research unit: Manuals on disability inclusion and mainstreaming

In order to draft a manual on disability mainstreaming for the GDC, relevant manuals were selected as the research basis (see Annex 4).⁷ The selection of analysed publications includes manuals addressing specific project sectors (e.g. education, health or infrastructure), disability mainstreaming manuals as well as various GIZ manuals on project management (e.g. Capacity WORKS and guidelines on result-based monitoring and evaluation systems). The manuals are published by state agencies (e.g. GIZ, USAID, ADA, etc.), NGOs (e.g. CBM, HI, etc.) and international organisations (e.g. ILO, WHO, etc.).

4.2.2 Methodology for manual development

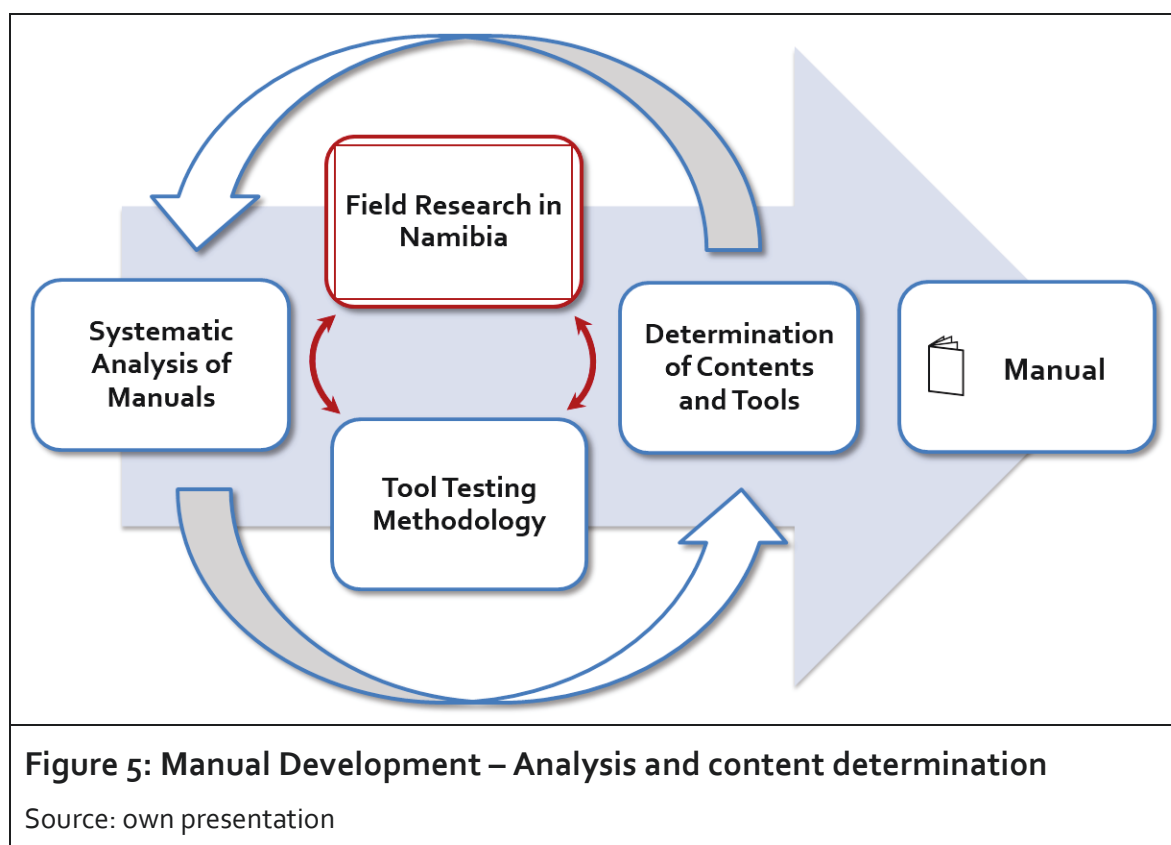
The elaboration of the manual follows the principle of iteration (see figure 5). Beginning with the manual analysis guided by a set of systematic screening criteria, over 30 manuals were examined (see Annex 4). The chosen criteria assessed the relevance of the tools found in the various manuals, as well as their conceptual background and entrenchment in the project implementation section. A special focus concerns the suitability for the work of GDC. The screening began during the desk phase in Berlin and was completed at end of September before the elaboration of the first draft of the manual by the research team. Following the principle of iteration, the structure and content of the manual was adapted several times. These adaptations are based on the results of the screening, the tool test-

7 The selection of the manuals relied on a pre-selection of potentially relevant manuals provided by the GIZ sector project.

ing and the information gained through the interviews and workshops conducted in Namibia.

The first draft was edited by external experts from DPOs and NGOs, the GIZ's "Inclusion of Persons with Disabilities" programme, GIZ staff working in the field of disability inclusion, and the SLE. Based on these inputs, the final draft of the manual was developed in November 2015 and handed over to the GIZ's "Inclusion of Persons with Disabilities" programme in December 2015.

An overview of the methodology for the manual development is shown in Figure 5 below.



4.2.2.1 Criteria for the systematic analysis of manuals for disability inclusion and mainstreaming

The objective of the analysis is to identify publications that offer tools and contents for a disability mainstreaming manual suitable for the work of the GDC in general. Therefore, the research unit was assessed using a scoring system based on a set of simple indicators (see Annex 5). In a final step, each manual analysis was endorsed in an assessment sheet with a maximum score of 31 points (see

Annex 6). Manuals rated as good in specific fields were used further as examples for the development of product II in terms of their theoretical framework, didactics and the applicability of their tools.

The criteria used are as follows (see Annex 5) for a detailed outline of the screening criteria):

- Sector of application and manual type
- Theoretical and conceptual approaches
 - participation
 - twin-track approach
 - multi-level approach
 - gender approach (intersectionality)
 - socio-cultural aspects of disability
- Empirical and practical framework
- Creative framework and usability

4.2.2.2 Tool Testing Methodology (TTM)

Following the iterative work process, the quality of the manual was improved during the field activities in terms of the effectiveness and reliability of its tools. Participants used a short questionnaire and whiteboards to evaluate the workshops and tools. In addition, the systematic observation conducted by members of the research team provided insights into the applicability of the tools tested. Successfully tested tools that delivered usable results for the participants became part of the manual. In order to improve their usability the tools were adapted according to their test results. To ensure the practicability of the manual in all GDC partner countries and sectors, the SLE research team used a systematic peer review system comprising experts from the GIZ, DPOs and other development organisations.

The following points were used as guiding questions and indicators to improve the quality of the manual through peer review:

- The concept of the participation of persons with disabilities is considered throughout the manual.
- The human rights-based and the twin-track approaches are considered throughout the manual.

- To what extent is the manual relevant to and usable by non-state development cooperation actors?
- To what extent do the tools take a gender-sensitive approach?
- The manual uses non-discriminatory language.
- The implementation section is relevant to the work of the GIZ and can be used in concrete project activities.
- The practical examples illustrate concrete measures for inclusion in the field.
- To what extent does the manual combine general approaches usable by all sectors with concrete practical examples?

In light of the various steps, the TTM reflects the insights, ideas and expertise of relevant actors regarding disability, inclusion and mainstreaming. The SLE research team ensured the participation of all relevant stakeholders in this way.

4.2.2.3 Determination of contents and tools

Based on the results of the systematic manual screening, the insights gained through the tool testing methodology and the practical experiences of the research team during the data collection in Namibia, the main contents and tools for the manual were determined as followed:

- Conceptual background and theoretical framework (based on 2.2)
- Self-assessment for organisations/institutions to assess their current disability inclusion efforts. This tool should anchor disability mainstreaming in the respective project, programme or organisation, and demonstrate future fields of intervention.
- The tool section of the manual offers instruments for disability mainstreaming at all stages in the project cycle. Following the social model of disability, the section is structured in three parts: identifying barriers, removing barriers and inclusive monitoring and evaluation. Each section contains an introduction based on the fundamental conceptual framework of the manual, a short checklist to easily assess progress or areas of further interventions. Good practices from GIZ projects on disability inclusion and practical experiences of the research team in Namibia illustrate the course of action in the field.

In terms of disability mainstreaming, the manual addresses the following principles to ensure its applicability to all sectors and partner countries of the GDC within the framework of the UNCRPD.

The manual should:

- Systematically consider gender-sensitive disability mainstreaming as a process and strategy that is implemented on all levels of development intervention (macro, meso, and micro levels) and at all stages of the project cycle (planning, implementation, monitoring and evaluation);
- Develop a systematic approach on how to strengthen the participation of persons with disabilities and their representing organisations directly into the planning, implementation and monitoring of processes and strategies to assure sustainable change;
- Address different user groups, who differ according to their position on either the macro, meso and micro level of development cooperation. The relevance and applicability of the different parts of the manual will vary depending on the different users and user groups.

4.3 Data analysis

In order to systematically analyse the collected data for both products, the manual and the recommendations, the SLE research team conducted a qualitative content analysis (QCA) using the MaxQDA computer programme. The interviews conducted were recorded digitally and then summarised in interview protocols. Due to the large volume of data collected (40 qualitative expert interviews and four focus groups in total) and the limited time frame available, the recordings were not transcribed as typescripts.

As a rule, content analysis requires a written text as a basis (Mayring, 2014: 57). The aim of the analysis is to use the text to arrive at statements of the experts on political issues, but also on the personal perceptions of disability-related issues of the interviewees. According to the ToR, the focus of the analysis was defined in advance, but also reviewed within the context of current research on disability issues in general and the Namibian context in particular. Furthermore, the topic was divided into sub-issues (analysed as “modules”), following a general rule of QCA.

Mayring (2008) distinguishes between three fundamental phases of qualitative content interpretation: summary, explication and structuring. A combination of all three forms of interpretation was adapted to the study on mainstreaming disability issues in Namibia:

1. Summary: The objective of the summary is to reduce the material in such a way that the essential contents remain. The aim is thus to create a comprehensive overview of the base material through abstraction. During this procedure, the material becomes more accessible.

In the case of the SLE research study, essential contents were identified as early as during the conducted interviews. In this process, preliminary categorisation of the statements took place in accordance with the pre-assigned modules (see 4.1.2):

- institutional framework (I)
- general situation of persons with disabilities in Namibia (II)
- needs in terms of VET and transport (III)
- manual on disability mainstreaming (IV)
- future visions (V)

2. Explication: The objective of the explication phase is to provide additional material on individual doubtful text components (terms, sentences and so on). The explication identifies parts requiring further clarification. External material shall then be used to clarify statements.

For the interview material of the SLE research study, such external material was used to increase the understanding, explanation and interpretation of particular passages of the text. Moreover, the audio interviews recorded were used for the contextualisation of statements and a revision conducted of the classification of text passages into thematic modules. As a consequence, additional information and explanations were added to the texts.

3. Structuring: According to Mayring, structuring is considered the central technique of QCA. "The object of the analysis is to filter out particular aspects of the material, to give a cross-section through the material according to pre-determined ordering criteria, or to assess the material according to certain criteria" (Mayring, 2014: 64)

The method of structuring can focus on different aspects, such as formal characteristics (e.g. style, syntax, etc.) or content aspects of the text. To fit the research question and the given terms of reference, structuring of the material took place according to specific content and topics. To use the method of structuring, all material had to be coded. Therefore, the interviews were coded in respect to the research questions. In accordance with the research focus and the first interviews conducted, a preliminary system of categories was established. This system of categories was constantly revised by comparing it with other interview texts

and adapting it to them. The process of data analysis thus followed mixed procedures with inductive and deductive analysis steps.

Barriers and entry points for the inclusion of persons with disabilities in the VET and transport sector were used to categorise the material. The analysis of each interview text has shown that it would be less complex to group barriers and entry points into the sub-categories of “attitudinal”, “environmental” and “institutional” barriers/entry points. In addition, many of the interviewees’ statements covered cross-sectoral inclusive activities that fitted in one of the two sectors (VET or transport). As a result, the category of “inclusive activities” was added (for details of all categories, see Annex 7). It is crucial to acknowledge the strong coherency of each category and sub-category and their overlapping nature.

4.4 Limitations of the methodology

General limitations relate to the limited time spent in the three different field research sites. Given that numerous stakeholders are sometimes only active in parts of the vast country, the overview of the sampling and survey was often challenging. Also, the non-availability, incompleteness or unreliability of data and the current condition of different actors may lead to the exclusion of some information.

To address the complexity of disability mainstreaming in the very comprehensive fields of VET and transport, more time and personnel resources are necessary to explore this topic in detail. Overall, the most crucial aspects as barriers and consequent recommendations were formulated to provide positive impetus for further research and efforts for the inclusion of persons with disabilities in Namibia.

4.5 Research phases

Based on the SLE team leader’s fact-finding mission, the team started its research with a desk phase in Berlin from the start of June to the end of July. Besides clarifying relevant theoretical approaches and political frameworks in the sphere of development and disability, the fact-finding mission report structured the methodological research design. The desk phase concluded with presentation of the inception report in Berlin and was followed by the field research in Namibia from August to October. To gain better insights into disability issues in the field, the research took place in three different regions. In Rundu, the emphasis of the data collection was on the VET sector, while the focus in Ongwediva was on the transport sector. The final month in Windhoek included another desk phase to

finish both products. These were additionally reviewed by the commissioner and the BMZ's "Inclusion Competence Team" and adapted afterwards. Back in Germany, final presentations were held by the research team in Berlin and Bonn (see Table 6).

Table 6: Research phases			
Phase	Objective	Time	Place
1	Fact finding mission	May 2015	Windhoek, Namibia
2	Desk study	June to August 2015	Berlin, Germany
3	Systematic analyses of manuals	June to September 2015	Berlin, Germany Windhoek, Rundu, Ongwediva, Namibia
4	Data collection, interviews and workshops	August 2015	Windhoek, Namibia
5	Workshops and further research	September 2015	Northern Namibia (Ongwediva & Rundu)
6	Data analysis, report writing, systemic analysis	October 2015	Windhoek, Namibia
7	Report writing and review by the "Inclusion Competence Team" and selected experts	November 2015	Berlin, Germany
8	Finalisation and presentation	December 2015	Berlin/Bonn, Germany
Source: own presentation			

5 Situation analysis

To gain an in-depth understanding of the situation of persons with disabilities in the Namibian VET and transport sectors, their situation must be analysed within the wider social context (5.1). Prevailing forms of marginalisation and discrimination of persons with disabilities within society are the main reasons for the policy framework in place. In order to detect the basis for marginalisation and discrimination (5.2), interviewees were systematically questioned on their perception of disability and common attitudes towards persons with disabilities in Namibia.

5.1 General situation and perception of people with disabilities in the society

The majority of the interviewees stated that the common perception of persons with disabilities is still associated with deficits. This can be attributed to the prevalence of the medical model that is still dominant in Namibian institutions and discourses in society. Persons with disabilities are often perceived as a burden, as lacking skills and abilities, and are sometimes equated with children. Many interviewees stated that mainstream society looks down on persons with disabilities and the most common feelings expressed towards them are shame and pity (wIGo05, rIGo40, rIGo29, rFPo39, wIGo43, wITo17, wIGDoo8). On the other hand, being bullied or ridiculed by fellow students or colleagues in the community or in the family is a common experience shared by all the persons with disabilities interviewed (rFPo39, wFD045, rFTo26, wFD019, rIPo27, oIGo34).

The majority of persons with disabilities themselves described their situation in society as an experience of marginalisation, exclusion and discrimination (rFPo39, wFD045, rFTo26, wFD019, rIDo24). These attitudes relate to a lack of knowledge and awareness of the causes, types and consequences of disability among society in general, which often leads to the assumption that persons with any type of disability are less intelligent or unable to communicate (wIDo16).

Persons with disabilities are often deprived of an education – sometimes because of a lack of availability of quality education, but often also because of discriminatory attitudes within the family or the family's lack of financial means to afford an education for their children. Families usually prioritise the education of their non-disabled children when financial resources are scarce (wIGDoo8, wITo17, rIDo24, oWPTGoo37, oIUo33). Children and adults with disabilities (over the age of 16) are able to apply for a disability grant of 250 NAD or 1,000 NAD respectively

(recently raised, previously 600 NAD). However, the information provided by the vast majority of interviewees revealed that this amount is not sufficient to cover the overall costs of living an independent life. Furthermore, the process of providing the grant was generally described as a non-transparent and lengthy bureaucratic one (rIPo27, rFPo39, rFTo26, rIGo40).

Persons with disabilities have limited access to health care and other social services, which is particularly ascribed to their precarious financial situation. As a consequence, they have limited opportunities to find employment (also because of the discriminating attitudes of employers) and their ability to participate in public and political life is severely limited (rFPo39, rIGo40).

The reasons for the perceived and experienced marginalisation of and discrimination against persons with disabilities are manifold. Within the scope of the study, it is not possible to clarify all causes of the extensive marginalisation of persons with disabilities that continues to prevail within Namibian society. Nevertheless, the data analysed reveals some important factors influencing their social exclusion, which have their roots in cultural beliefs, the differences between urban and rural regions, and issues of intersectionality.

5.2 Reasons for marginalisation and discrimination

Negative cultural beliefs continue to prevail in Namibia and affect the situation of persons with disabilities in different ways. Sometimes, a child's disability is framed as a punishment for the family or specifically for the mother as a more or less direct consequence of a previous misbehaviour (e.g. the wrong diet during pregnancy). Persons with disabilities are also occasionally perceived as being cursed or possessed by evil spirits, which can lead to excluding or even violent behaviour towards them becoming more acceptable. The practice of witchcraft is also believed to cause disabilities (oIUo33, wFDo19, rFPo39, oIUo30, wIDo21, wIGo22, wIDo11). These cultural beliefs are manifold and can be traced back to supernatural and religious explanations as well as to the disregard of societal values and norms, which correlates with previous research findings carried out by the UNAM (Haihambo, Lightfood, 2010). As mentioned in 2.2.5, cultural attitudes towards disability are not static but rather are constantly changing. Social expectations towards persons with disabilities play a fundamental role in their position in society. As seen in the Namibian context, these expectations are quite low. The removal of barriers can enable persons with disabilities to contribute, for example, to the overall income of the family or socio-cultural spheres of society, like arts

and sports. In this way, persons with disabilities are able to fulfil the societal expectations of the individual and counteract traditional beliefs and patterns of discrimination.

These cultural beliefs are generally more common in rural areas where the majority of persons with disabilities live (Haihambo, Lightfood, 2010: 82). It should be added that the situation of persons with disabilities living in rural areas is exacerbated by a number of other factors that prevent them from actively contributing to and participating in the society. On the one hand, the lack of accessible infrastructure in rural areas poses a major barrier to all persons with an impairment, especially for those with visual and different forms of physical impairments. On the other hand (and relating to this), their mobility is further limited by the lack of barrier-free public transport (see 9.1). Furthermore, the quality and availability of crucial public services, such as health care and education is also limited in rural areas. Most of the “special schools” providing secondary education are located in the capital of Windhoek. Younger children with impairments living in rural areas are usually placed in “special classes” within mainstream schools. These arrangements do not cater to the learning needs of all children with disabilities and those with severe intellectual/mental, physical or multiple impairments are often excluded from education as teachers are not sufficiently qualified, facilities are not adapted accordingly, and barrier-free learning materials are usually scarce or non-existent. As a consequence, children with the above-mentioned impairments are usually kept at home where they are deprived of equal opportunities to learn and develop (rIGo29, rIGo40, rIGo42, rIDo28, wIGo05).

The general perception of persons with disabilities was described as more negative among the rural population due to the overall lower level of education and awareness of average people in the respective regions. Persons with disabilities and their families are usually less informed about their rights to education, health or non-discrimination, and hence rarely insist on exercising these rights. Due to the difficult financial situation of DPOs in Namibia, many organisations have had to close their regional branches. Therefore, they are less able to reach out and raise awareness among the rural population to improve the situation of persons with disabilities in rural areas (rIDo24, wIDo16, rIPo27).

Another important research finding concerns discrimination against women with disabilities in Namibian society. Although official data does not exist, a considerable number of interviewees reported that discriminating attitudes and behaviour towards girls and women with impairments clearly prevails, leading to high levels of gender-based violence. Although violence is a real threat to all girls

and women with disabilities, those with visual, intellectual/mental or multiple impairments are particularly vulnerable. Sexual harassment and assault is especially frequent on the way to/from school and when using buses or taxis. Here, the perpetrators can be the drivers themselves or other passengers (see 9.1). Gender-based violence against girls and women with impairments also occurs within families. In any case, this can lead to severe trauma, affecting the person's long-term development and well-being. The opportunities of disabled survivors of gender-based violence to receive justice in legal terms are often undermined in police investigations and court procedures by portraying their allegations as unreliable or untrustworthy specifically because of their impairment (wIGDo13, wITo17, wIDo21, wFDo19, wIGDoo8, rIDo24). Interviewees also reported the abuse of boys with impairments, though to a much lesser extent (wIDo11).

The use of transport services or moving in public without any assistance also poses a security issue to boys and men with disabilities alike. The risk of being robbed is generally high for all persons with disabilities. In addition to these specific issues, ignorance and the lack of awareness for the rights, needs and abilities of persons with disabilities were stated as key problems in Namibia, affecting all sections of society – from parents to policy makers (wIGDoo8, rIDo24, wIGDo13, wFDo19).

The ongoing experiences of discrimination and exclusion of persons with disabilities lead to low levels of self-esteem and agency (rFTo26, wITo17, wIGDoo8, wFDo19).

6 Policy frameworks, implementation and inclusive activities

In terms of disability inclusion, all interviewees considered the Namibian policy framework progressive. Political institutions are described as “open-minded” with regard to disability and other relevant social issues, such as gender equality. Disability and gender mainstreaming are part of the highest institutional framework, such as the Ministry of Gender Equality and Child Welfare or the Directorate of Disability Affairs under the Office of the Vice President. However, the implementation of disability policies is considered a major challenge. The current policy framework and legislation are not rigorously enforced and progress in implementing the disability inclusive policies is going very slowly (oIPO35, wWGTPGD036, rIDo24, wIGDoo4, wIGDoo9, wIGD010, wIGD002, oIGo34, wIGo05, wIDo11).

This is partly due to a lack of personnel resources and the expertise of political planners and decision-makers (wIGD012, wIGD013). Furthermore, the mandate of disability inclusion appears to be unclear to policy makers (oIGo34) and inclusion is not a priority issue when it comes to the allocation of resources, as various key stakeholders lack awareness of the issue’s importance (rIGo29, wIDo11, wIGo22, rIDo24). Another aspect emphasised by the interviewees is the current lack of coordination between different ministries and stakeholders responsible for disability issues (see Chapter 7 on cooperation relationships and needs).

Although there has been a significant increase in the awareness of disability issues on the government level within the last twenty years (wIGo05), the disability-specific policies and acts in place do not come with sanction mechanisms in case of non-compliance (wIDo11). This mainly concerns the employment policy of the Affirmative Action (Employment) Act of 1998 (Republic of Namibia, 1998), which stipulates that companies with more than 25 employees must employ at least 5% persons with disabilities (rIDo24, wIGDoo2). Furthermore, persons with disabilities are not represented in most government services and structures (rIDo24, oIGo34). The newly created Directorate of Disability Affairs under the Office of the Vice President constitutes an institutional exception, employing several persons who themselves have impairments (wIGo22) (for further details of the Directorate, see 6.1).

The adoption of the National Disability Policy of 1997 is one of the milestones in terms of adding disability issues to the Namibian policy agenda (Lang, 2008; Lorenzkowski, 2013). After Namibia gained independence, disability issues fell under the responsibility of the former Ministry of Lands, Resettlement and Reha-

bilitation (MLRR) with the aim of reallocating part of the lands currently occupied by white farmers to “formerly disadvantaged people”. Established long before the UNCRPD was adopted, the National Policy on Disability is generally perceived as progressive. However, the policy is criticised by several stakeholders as adopting a medical rather than a social model or human rights-based approach to disability. Another indicator for disability being deemed a charity and rehabilitation concern in Namibia is the reallocation of disability affairs from the Ministry of Land and Resettlement to the Ministry of Health and Social Services (wIDo16, wIDo11).

In the following section, the policies and activities of main stakeholders for disability inclusion in Namibia are described in greater detail. Special emphasis is placed on the education and infrastructure policy framework.

6.1 Policies and activities of main stakeholders

The Ministry of Health and Social Services

The Ministry of Health and Social Services remains one of the key stakeholders in the implementation of disability legislation and policies in Namibia. However, the tasks of the rehabilitation division of the Ministry of Health and Social Services are not limited to the medical treatment and rehabilitation concerns of persons with disabilities. Moreover, the division is directly involved in community work on disability issues: rehabilitation officers are responsible for the implementation of the WHO model of CBR and are thus key actors for raising awareness of the concerns, rights and needs of persons with disabilities. Rehabilitation officers are supposed to be in regular contact with the families of persons with disabilities and to assist them in the accommodation of disability needs. Their task is moreover to promote the social welfare system, encourage the self-empowerment of persons with disabilities and monitor the situation of persons with disabilities by following up any type of discrimination against them. Therefore, they are recruiting community employees or volunteers who are running campaigns in communities and families, assessing the situation of persons with disabilities and trying to identify their needs in terms of inclusion (e.g. the need for therapeutic devices, assistance or education). The rehabilitation officers, community employees and occupational therapists are also raising awareness through “disability days” and other public events. This is more effective on the national level than the regional one, as the ministry is not sufficiently equipped in the regions. (oIGo34, rIGo40).

The Ministry of Health and Social Services is currently organising “disability networking forums” on a regular basis (rIGo40, oIGo34). These forums involve dif-

ferent stakeholders, such as representatives from the government, the ministry itself, regional councils and different organisations for persons with disabilities (e.g. DPOs). The aim of these events is to identify major challenges persons with disabilities are facing in their communities and to discuss how to remove these barriers (rIGo40).

In general, the interviewees stated that in recent years, a lot of improvements have taken place in the health sector: persons with disabilities are entitled to free government medical treatment and do not have to pay for any governmental health services. Some medical devices are available free of charge or subsidised by the state, such as prosthetic devices and hearing aids (wIGo05, oIGo34). However, the provision of such devices is not available for everyone in need, as the material and financial resources are insufficient (oIPo35, oIGo34). Furthermore, persons with disabilities are entitled to a disability grant (children receive 250 NAD and adults 1,000 NAD per month) from the Ministry of Poverty Eradication and Social Welfare (oIGo34).

The National Disability Council of Namibia

The Namibian parliament passed the National Disability Council Act in 2004 (Republic of Namibia 2004), but the council only started operating in 2011 (wIDo11). The council was established to improve the lives of persons with disabilities, mainly by monitoring the implementation of the National Disability Policy of 1997 and implementing the UNCRPD in Namibia (adopted in 2007).

Although a draft of the UNCRPD naming Namibia as a state party exists, no release date has yet been confirmed (wIDo11). All ministries have been provided with monitoring templates, which they must use to report their disability-specific measures and activities back to the council. The council's task is to then provide the parliament with reports on the advancement of disability inclusion and to advise the government on what policies need to be revised (wIDo11). The council therefore has to obtain disability disaggregated data from every line ministry. However, so far there has not been any report by the council on these inclusive measures and activities. Several interviewees consequently accused the council of not fulfilling its mandate (wIDo16, wIGo05, wIGDoo8). Some described the council as weak and too concerned with power struggles among its members. Furthermore, it has few resources at its disposal and there is no clear agenda (wIGDoo8). Stakeholders are therefore calling for greater efforts by the council to implement policies and raise awareness (oIGo34, wIGo22).

The Directorate of Disability Affairs under the Office of the Vice President

As early as 2001, the National Federation of People with Disabilities in Namibia (NFPDN) advocated the establishment of a disability unit within the office of the prime minister to represent the Namibian government in the negotiations for the UNCRPD (wIDo16). With establishment of the new Namibian government at the beginning of 2015, the disability unit became part of the Office of the Vice President. Several interviewees confirmed that the new government is paying more attention to disability issues than the previous one. Due to the personal commitment of the newly-elected president, Hage G. Geingob, disability inclusion now has the potential to become a key topic in Namibian politics under the Vice President's office (wIGDoo8, wIGoo5). The Deputy Minister of the Directorate of Disability Affairs under the Office of the Vice President, Alexia Manombe-Ncube, has worked with Namibian DPOs and the National Disability Council of Namibia for many years now. She was the first person with a disability elected to the Namibian parliament. The presence of persons with disabilities in government structures is considered a major achievement for disability inclusion in the country (rIGo4o, wIDo11, wIGo22, wIGoo5, oIUo33). Several interviewees thus expressed their hope that with the establishment of the new directorate, greater prominence will be assigned to disability issues in general (wIGo22, oIGo34, wIGo18, wIDo11, rIGo4o). The directorate could even take the lead in bringing disability issues to the forefront of Namibian politics (wIGo18, wIGDoo8, wIDo11, wIDo21).

The directorate is conceptualised as a cross-cutting institution (wIGo22) set up to mainstream disability into all policies and ministries. However, the duties and responsibilities of the new office do not seem to be clearly demarcated and defined to the stakeholders (wIGDoo8), and the department still needs to determine its scope of duties. It is, for example, under discussion whether (parts of) the rehabilitation division of the Ministry of Health and Social Services and the Disability Council could become part of the directorate under the Office of the Vice President (wIGo22, wIGo18, wIGoo5, rIGo4o). In this regard, the risk of overwhelming Disability Affairs with duties and concerns was also an issue of concern (wIGDoo8).

DPOs and projects of people with disabilities

Despite their structures, which are perceived as generally weak in Namibia (wITo15), interviewees considered the existence and important role of the disability movement in Namibia. Thanks to the efforts of various DPOs and their umbrella organisation, the National Federation of People with Disabilities in Namibia (NFPDN), disability issues are now part of public communication channels, such as

media and newspapers, and people are informed about the situation of persons with disabilities in their country (wFD019). However, funding options for DPOs are rare, which in turn leads to weak financial structures (wIT015).

One of the key activities of DPOs and the NFPDN is raising awareness and campaigning for the situation and concerns of persons with disabilities in the different regions of Namibia (rIP027, wFD019). Many DPOs are using the WHO concept of community-based rehabilitation (CBR) and training volunteers on the CBR matrix to enable persons with disabilities to live more independently (wFD019). Besides rehabilitation training and a “Community Involvement Programme”, the Namibian Federation of the Visually Impaired (NFVI) is completing advocacy work, producing materials in Braille and offering other services. Other DPOs, such as the Namibia Association of Children with Disabilities (NACD), are organising training on cross-cutting issues, such as the intersection of disability, HIV/AIDS and reproductive health. Awareness-raising and information campaigns on a community level are realised via radio discussions, home visits for parents caring for children with disabilities and role plays at community meetings (wID021). The Local Rehabilitation Workshop (LOREWO) in Oshakati is producing wheelchairs and offering information campaigns and sensitisation. LOREWO’s aim is thus not only to provide technical and clinical knowledge (on how to make wheelchairs and how to accommodate people needing a wheelchair), but also to empower persons with physical impairments to better participate in community life (oIPO35).

German Development Cooperation

Although the GIZ and other GDC institutions (KfW, German embassy, etc.) consider persons with disabilities as an important target group in their programmes and projects (e.g. within GIZ youth programmes, the ProVET programme and small “inclusive” projects financed by the German embassy) (wIGD013, wIGD009, wIGD006), disability inclusion and mainstreaming is not yet recognised and implemented in a systematic manner. This means that the Namibian national disability policies or the UNCRPD are yet not specifically translated into GIZ’s work (wIGD012). One important reason for this might be that disability inclusion and mainstreaming is not yet implemented on the organisational, project and programme level of GIZ outside Germany (e.g. disability inclusive job advertisements) (wIGD002, wIGD012). Mentioned as another reason, raising awareness of the needs of persons with disabilities is not taking place at the current time. In combination with knowledge of the situation of persons with disabilities gathered in the field, raising awareness within GIZ structures seems to be crucial. GIZ staff mentioned that this should include sensitisation on what it means to live

with a disability and where it is possible to assist in the community and within development projects (wIGDo12, wIGDo13). Furthermore, there is neither a specific country programme addressing the inclusion of persons with disabilities nor a general budget for the inclusion of persons with disabilities within GIZ programmes and projects in Namibia (wIGDo12). There is currently no disability focal point or person and disability issues do not fall under the responsibility of other focal points (such as the GIZ's gender focal point in Namibia) (wIGDo13).

6.2 Education policy framework

In 2013, the Namibian parliament adopted a Sector Policy on Inclusive Education (Republic of Namibia 2013), addressing and responding to the diversity of needs of all learners and specifically emphasising those of learners with disabilities. In order to implement this policy, various strategies and activities are taking place in Namibia. The Ministry of Education, Arts and Culture established an "inclusive education advisor" in the Kavango region, for example. They are tasked with advising on how to better include "special units" (comprising students with hearing, visual and learning impairments) in mainstream schools and classes. Furthermore, conferences on the implementation of the sector policy are being organised in the region (rIGo42). The inclusive policy also makes provisions for teaching assistants (e.g. for deaf learners) and inclusive education and learning is now becoming a topic in teacher education. However, a specific unit on inclusive education within this training is still lacking (wIGo43). Furthermore, the Ministry of Education, Arts and Culture and Ministry of Higher Education, Training and Innovation are currently promoting adult education and lifelong learning in order to teach practical skills even to those who never received formal education (wIGo22).

Generally speaking, many interviewees agreed that a certain amount of progress has been made within the education system to accommodate the needs of persons with disabilities (wFD019). The number of secondary schools accommodating the needs of pupils with disabilities up to grade 10 or 12 is constantly increasing, and students with disabilities are now also being taken into account in UNAM structures (oIGo34, wFD019, and wIU001). However, some educational policies remain silent on the inclusion of persons with disabilities (e.g. the Education Act of 2001, and the *Vocational Education and Training Act* of 2008) (wWGTPGD036, rIGo29). Furthermore, the lack of special and inclusive (secondary) schools, inclusive vocational training centres and appropriate equipment for accommodating learners with special needs in all regions is striking. Employers are universally described as "unaware" of the inclusion of persons with disabilities

after graduating from school or vocational training centres (wWGTPGD036, rIG029).

At the UNAM campus in Windhoek a “disability unit” has been tasked with implementing “inclusive education” (e.g. teaching Braille and translating texts and exams into Braille, helping persons with disabilities to register and finding study loans, engaging with potential employers, sensitising and supporting lecturers). The stakeholders use the policies on inclusive education, however these are described as “insufficient” (e.g. regarding accessible loans for students with disabilities) (wIU001).

6.3 Infrastructure policy framework

Barrier-free regulations of public and private buildings seem to be quite progressive in Namibia and are described as “visible” in daily life. In this regard, many interviewees referred to provisions in Braille and announcements in lifts for blind and visually impaired persons, barrier-free malls and theatres, and ministry buildings with ramps, wheelchair user-friendly toilets in restaurants, and parking spaces for persons with disabilities (wIGD009, oIU033, wIGD020, wIGD0014, oIGO32).

However, Namibia does not have mandatory standards and regulations when it comes to planning and constructing roads and buildings. After Namibia gained independence, the new government adopted the South African National Standards for Namibia, but the agreement was cancelled a few years ago (wIGD020, oIU031). Currently, Namibia does not seem to have the capacities to develop its own standards because this requires a long and costly procedure (oIU031).

Therefore, the needs of persons with disabilities are often not considered in construction projects because there are no specific guidelines for designing barrier-free infrastructure and buildings. For example, when private investors buy land and develop it according to their own ideas, they usually do not consider the needs of non-motorised transport, specifically affecting persons with disabilities. Despite the fact that Namibian policies on inclusion are progressive, the lack of transport guidelines and regulations constitutes a major barrier to improvement of the situation of persons with disabilities. The realisation of certain standards always depends on the goodwill of individuals (wIGD010, wIGD004, oIU030, oIU031).

Although there is a lack of standards, regulations and guidelines and the recommendations of the *White Paper on Transport Policy* of 1995 were not successfully implemented (oIGO32), inclusive infrastructure projects are taking place in

Namibia in a selective manner. The Motor Vehicle Accident (MVA) Fund, an administrative body of the Namibian government tasked with providing assistance and benefits to persons injured in motor vehicle accidents in Namibia, is providing house rearrangements and wheelchairs for persons with disabilities (oIUo33). Furthermore, barrier-free standards were implemented in the planning stage of the Sustainable Urban Transport Master Plan (SUTMP) for Windhoek including Rehoboth, Okahandja and Hosea Kutako International Airport and the master plan for the four northern regions. According to the implementation targets of the SUTMP for Windhoek, barrier-free buses and bus stops will be established (wIGDo12).

7 Cooperation relationships and needs

7.1 Main cooperation partners of all stakeholders

The Ministry of Health and Social Services is often mentioned as a key cooperation partner for various stakeholders regarding the inclusion of persons with disabilities in Namibia. It provides technical, medical and orthopaedic aids for individuals (e.g. wheelchairs and orthopaedic devices), along with other support such as facilities for DPOs and other non-governmental organisations (e.g. offices) (wIDo21, oIPo35). Other important cooperation partners of all stakeholders involved in the domain of including persons with disabilities are the relatively new Directorate of Disability Affairs under the Office of the Vice President (wIGo18, wIGDoo8, wIDo11, wIDo21) and the NDC (wIDo11, wIDo16, wIGoo5, wIGDoo8).

Besides the Ministry of Health and Social Services, the Ministry of Education, Arts and Culture is also mentioned as a key ministry for the accommodation of persons with disabilities in Namibia, especially when it comes to the implementation of “inclusive education” (wIGoo5). Cooperation between different stakeholders (e.g. DPOs, the Disability Council, the Federation of People with Disabilities in Namibia) takes place in campaigning for the needs and rights of persons with disabilities (wIDo11). There are now a few networking forums between the various stakeholders on a regional level (e.g. Oshana disability networking forum). Within the Ministry of Health and Social Services, a subdivision has been tasked with “supporting DPOs”. However, such cooperation links only exist on the national level and not on the regional one. Commitment to the inclusion of persons with disabilities only exists if persons with disabilities are themselves part of important stakeholder groups (rIGo4o). The cooperation between different GIZ programmes and projects (e.g. the ProVET and Transport programmes) on disability issues seems rather weak and not yet established (wIGDoo2, wIGD012).

7.1.1 Main cooperation partners of DPOs and projects of persons with disabilities

DPOs in Namibia often collaborate with international NGOs and policy institutions, such as the European Union, United States Agency for International Development (USAID) or United Nations Development Programme (UNDP). Lacking financial support from the Namibian government, they are usually dependent on external funding (wIDo21, oIPo35, wDo19). International and donor funding for DPOs has decreased considerably since Namibia was declared an upper-middle-

income country economy and the donor withdrawal that followed as a consequence.

7.1.2 Main cooperation partners of ProVET in the VET sector

The most important partner of ProVET is the Namibia Training Authority (NTA) as the implementing agency of the Ministry of Higher Education, Training and Innovation. Secondary partners and beneficiaries of ProVET are industry skills committees, chambers of commerce and industry, and DPOs. Vocational training centres receive (financial) support from the NTA once they have registered with them (rITo23). ProVET and some VTCs are also maintaining relations with companies and certain special schools with an interest in vocational training (wITo15).

7.1.3 Main cooperation partners of the “Strengthening of institutional and management capacity in the road sector” programme in the transport sector

The main cooperation partner of the GIZ’s Transport programme is the Ministry of Works and Transport. Furthermore, the transport project maintains close links with the Department of Civil and Environmental Engineering at the UNAM in Ongwediva and the NUST in Windhoek when it comes to the training and formation of future engineers. For the “MoveWindhoek” and “Transport4People” projects, the GIZ is cooperating closely with the municipality of Windhoek, 10 local authorities in the Northern Regions, the four northern regions (Ohangwena, Omusati, Oshana and Oshikoto) as well as the Ministry of Urban and Regional Development. The KfW is financing the Department of Civil and Environmental Engineering building at the UNAM Campus in Ongwediva. Other important stakeholders and cooperation partners of the GIZ’s Transport programme are the Roads Authority (as the implementing agency of the Ministry of Works and Transport) and the National Road Safety Council (NRSC).

7.2 Recommendations for cooperation

Recommendations across GIZ programmes and partners in Namibia to strengthen harmonisation, cooperation and capacities of key stakeholders of disability mainstreaming in Namibia.

7.2.1 Strengthening the harmonisation of different policies concerning the inclusion of people with disabilities

A major challenge of the current policy framework working on disability issues is the missing link between different institutions and stakeholders due to a huge lack of communication and networking among the various institutions (wIGDoo8, wIDo16). The different ministries (such as the Ministry of Education, Arts and Culture; Ministry of Higher Education, Training and Innovation; Ministry of Labour, Industrial Relations and Employment Creation; and Ministry of Health and Social Services) should collaborate more closely with one another as well as with external stakeholders (wIDo16, wWGTPGD036, rIGo42, wIGo05). Currently there is no collaboration mechanism or structure in place. The different ministries are not informed about the implementation of inclusive policies by other ministries (e.g. installation of an acoustic signal at traffic lights or accessible buses by the Ministry of Works and Transport) (wIGo05). Besides a lack of funds for the effective implementation of disability policies, the different ministries seem to still have other priority areas other than disability inclusion (rIGo42). The relatively new Directorate of Disability Affairs under the Office of the Vice President could take a leading role in coordinating and structuring the landscape of disability stakeholders (wIGo18, wIGDoo8, wIDo11, wIDo21).

Recommendation

The GIZ's ProVET and Transport programmes should seek to enhance the collaboration between different stakeholders and policies on disability inclusion and mainstreaming in Namibia via its direct partners and lead executing agencies (Ministry of Higher Education, Training and Innovation, the NTA and the Ministry of Works and Transport). In this regard, the GIZ's ProVET and Transport programmes should establish collaboration mechanisms and exchange on a regular basis with the Directorate of Disability Affairs under the Office of the Vice President in order to strengthen its coordinating function in relation to disability issues in all line ministries across government.

7.2.2 Strengthening the mandate of the National Disability Council

Established as a monitoring institution for the implementation of national and international disability policies (such as the UNCRPD), the National Disability Council of Namibia is not believed to be fully meeting its duties and obligations as a monitoring agency and key stakeholder of disability inclusion in Namibia (wIUoo1, wIDo16). Several stakeholders expressed their need for a closer collaboration with the council on a regular basis (wIDo16, wIGo18). More cooperation and

relations (e.g. between the council and the Directorate of Disability Affairs) is required (wIGo22). Likewise, a representative of the National Disability Council called for intensified collaboration with other stakeholders, such as the GDC and ProVET, but also with DPOs. Acting as a link between the government and DPOs, the council representative would like to better include DPOs in the monitoring and amendment of policies. The representative expressed the wish to even provide funding for DPOs on behalf of the council (wIGo22).

Recommendation

The GIZ's ProVET and Transport programmes should strengthen the mandate of the National Disability Council of Namibia by supporting implementation of the National Policy on Disability in the respective ministries (Ministry of Education, Arts and Culture and the Ministry of Works and Transport), as mentioned in the Disability Council Act of 2004. Without reporting the ministries' activities, the National Disability Council of Namibia is not able to fulfil its duties, such as providing an annual monitoring report on the situation of persons with disabilities in the country. The GIZ should support this reporting obligation by providing personnel and financial resources.

7.2.3 Strengthening the capacities of DPOs

One of the major challenges for DPOs and other non-governmental organisations dealing with the concerns of persons with disabilities is the current lack of (national) funds and human resources for their work. DPOs are expressing their need for more influence on the policy level and further support by government structures (wIGDo20, rIDo24). There is a special demand for funding the work DPOs are conducting "in the field", such as awareness-raising in the different regions of Namibia. Therefore, more platforms are needed for knowledge-sharing and taking actions (rIGo29).

Furthermore, DPOs and their umbrella organisations call upon government institutions to consult DPOs in a more systematic, participatory and sustainable manner for their work (wIUoo1). So far, they have rarely been invited to important stakeholder workshops and meetings (wIDo16, rIGo40). As DPOs in Namibia are highly dependent on external funds (e.g. from international donors such as the EU or UN institutions), at least a part of the funding or the provision of office places should be provided by the Namibian government or regional institutions (e.g. South African Development Community). Certain services currently offered by DPOs are normally the responsibility of government institutions themselves (wIDo16).

Recommendation

The GIZ's ProVET and Transport programmes should strengthen the work of DPOs and their umbrella organisation (National Federation of People with Disabilities in Namibia, NFPDN) by providing financial and personnel resources. A special focus of this capacity building should be on improving the reporting and accounting mechanisms of DPOs. In this regard, GIZ could establish a development worker position at the NFPDN. Within government-level negotiations on education and transport, DPOs should be recognised and consulted as an important lobby group for the rights of persons with disabilities. The mainstreaming of disability into GIZ programmes and projects in Namibia, such as the ProVET and Transport programmes, requires the involvement of DPOs in any planning, implementation, monitoring and evaluation process.

7.2.4 Establishing links between different GIZ programmes

Within the structures of German Development Cooperation in Namibia, the request was expressed to establish closer links and cooperation regarding the inclusiveness of several components of projects and programmes (e.g. construction of buildings, job advertisement) (wIGDo12). Disability inclusion is mentioned as a cross-cutting issue of all GIZ programmes and projects (wIGDoo6). Therefore, awareness must be raised at all organisational levels. Disability issues can form part of the whole range of GIZ programmes and projects in Namibia (wIGDoo8).

Recommendation

The different programmes/projects should share their experiences and expertise in disability inclusion and mainstreaming and strengthen their cooperation on this topic. It is therefore necessary to identify concrete entry points for cooperation:

- Between ProVET and ProCOM: including persons with disabilities in the Financial Literacy Initiative (FLI), increasing the access of persons with disabilities to credit, etc.
- Between the Transport project and Promoting Competitiveness (ProCOM): establishing small businesses for inclusive transport, etc.

GIZ Namibia should promote the constant exchange and dialogue between the programmes and projects on mainstreaming topics such as HIV/AIDS, gender, and disability. The establishment of a disability focal person and a specific budget spent on disability inclusion should be considered.

8 Situation of people with disabilities in VET: Barriers and recommendations

In Namibia, the gap between the poor and the rich is forever growing, as is the unemployment rate. The lack of accessible and adequate vocational education and training programmes, particularly in rural areas, leads to shortcomings in meeting the demands of the national labour market. Hence, within the framework of the NDP⁴, ProVET addresses the acute shortage of skilled workers by developing a high-quality education system to achieve the main targets of employment promotion, sustainable economic development and a reduction in income inequality. During the second phase of the ProVET programme that began in 2012, the inclusion of persons with disabilities is being taken into consideration. The aim is to increase the inclusion of persons with disabilities in ongoing and future activities.

To achieve the aim of including persons with disabilities in ProVET, this chapter will present the analysis of the barriers identified and consequent recommendations for the VET sector in Namibia carried out by the research team. Both the barriers and the recommendations were developed during the research phase in Windhoek, Rundu and Ongwediva. Data has been collected in various interviews, focus group discussions and several workshops, which took place in local VTCs, DPOs, and governmental institutions, always including persons or trainees with and without disabilities.

As some recommendations address multiple barriers, this chapter will first present the barriers identified, followed by the recommendations developed. Furthermore, as the social model of disability frames disability as the interaction of individual impairments and various barriers (attitudinal, environmental and institutional), the following points are the results of these interactions and could not be ascribed to one specific barrier alone.

8.1 Identified barriers of people with disabilities

8.1.1 Discriminating attitudes towards people/trainees with disabilities

Trainees with disabilities suffer from multiple types of discrimination originating from underlying attitudinal behaviours. A number of interviewees stated that pity and shame are the most common feelings of mainstream society towards

persons and trainees with disabilities and that most people feel insecure, uncertain and afraid about how to approach them (wWGTPGD036, rFP039, rFT026).

Hence, trainees with disabilities are often associated with the assumption of being incapable, dependent, of low intelligence and in need of a cure or special services and support at all times (wIGDoo8).

As a result, especially the government-funded centres⁸ with less experience in inclusion see persons with disabilities as a burden. They assume the intake of trainees with disabilities implies a special approach, with additional time and resource investments required to meet their needs (rIT023).

Discriminating behaviour towards trainees with disabilities can therefore lead to a loss of motivation in learning, through poor self-esteem or a feeling of shame (wFD019).

Within families, children with disabilities often suffer neglect. Parents scale down their expectations, as their belief in their child with disabilities achieving an independent life is rather low. Families feeling ashamed or cursed by their child with disabilities exacerbate this (wWGTPGD036). Hence, the non-disabled siblings benefit from the majority of support and focus. This is particularly obvious when it comes to education, as education is often denied to children with disabilities. Due to not participating in primary education, any secondary education or vocational training will be out of reach for them (wWGTPGD036).

However, another hindering factor towards the lack of the inclusion of persons with disabilities is that there are limited accommodation opportunities (e.g. hospices) for children with disabilities in rural schools. This can compel parents to send their children to boarding schools far away, leaving them with anxiety and a feeling of helplessness, as their child may be discriminated against. Additionally, most families in rural areas do not have the financial means to send their child to boarding schools and scholarships remain scarce. Besides, boarding schools and special/resource schools in cities, which accommodate learners with disabilities, have long waiting list (wIGD013, rIT042).

8.1.2 Physical, communicational and informational accessibility

A major problem in several training institutions is poor physical accessibility. Buildings are not adapted to the different needs of trainees with physical disabilities such as ramps, elevators or accessible toilets. At present, buildings are still

8 Windhoek VTC, Rundu VTC

constructed without considering accessibility regulations or internationally-accepted practices (such as universal design) (wWGTPGD036).

Training providers are facing a vast deficit in accessible communication materials, in particular for trainees with visual impairments. Appropriate learning materials in Braille, large print, audio and for those who are hearing impaired, visual support and sign language interpreters are virtually non-existent (wWGTPGD036).

Information channels to promote the intake of trainees with disabilities in various training providers are not used exhaustively in print, radio and television media, for example. As a consequence, many potential trainees with disabilities are not aware of the opportunity to receive vocational training and are thus left out (rIT023).

8.1.3 Financial barriers

The procedures to acquire the Namibian Disability Grant were described as non-transparent by interviewees with disabilities and DPO representatives. The degree of disability necessary to be eligible for the pension is unknown and the process involves several offices/ministries and was described as cumbersome. The Disability Grant can only be requested if the age of 16 has been attained. Additionally, DPO representatives reported that many persons with disabilities are not aware of the existence of the Disability Grant, especially in rural areas, and therefore do not benefit from it. On the other hand, in some instances where persons with disabilities receive the Disability Grant, it is used to support the whole family, which often results in the person with a disability benefiting the least and can work as a disincentive for inclusion (rFP039, rIG040).

These general observations about the accessibility of the Disability Grant concern trainees with disabilities with the result that a considerable number of young people do not receive the support they are entitled to, which in turn impacts their access to VET.

Furthermore, and especially with private training providers such as Ngato VTC in Rundu, there is a lack of scholarships available for trainees with disabilities. Scholarships are crucial, as many trainees with disabilities face a harsh financial situation anyway – sometimes to such an extent that they come to training hungry, which severely affects their concentration and performance capacities (rFP039, wFD019, wFD019, rIT041, rIT025).

Moreover, the current lack of inclusive training curricula within all training providers has been identified, along with a related shortage of funds and guidance to implement inclusive training practice for private and government-funded pro-

viders alike. The lack of curricula is based on the general absence of consideration of the inclusion of persons with disabilities in VET policies (wWGTPGD036, wIGo22, rITo41).

The institutional capacities of training providers to address the physical barriers described above (especially those funded privately or by donations) are limited in terms of funding. For example, providing accommodation for barrier-free training facilities or hospices for trainees with disabilities; replacing acoustic warning signals for machines with visual ones (or vice versa); employing staff to assist persons with disabilities, e.g. sign language interpreters; or providing equipment and barrier-free learning materials (rFTo26, wFDo19, wIDo16).

8.1.4 VTC's entry requirements

Aptitude tests or entry tests held to select trainees for enrolment pose a major barrier for trainees with different abilities. The tests usually do not accommodate the individual needs of trainees with disabilities, as they do not give flexible time or the option of replacing a written exam or test with an oral/signed one. Many persons with disabilities are rejected because of their scores in the aptitude tests and their access to VET is thus barred (rFPo39, wWGTPGD036, rIDo24, wIGo22, wIGo18).

It is important to stress that especially the NTA-run training providers appear to be more inflexible when it comes to changing/adapting their entry requirements to accommodate the needs of persons with disabilities. This is due to a perceived fear of lowering their standards (rITo23, wITo15).

8.1.5 Lack of knowledge on disability and training skills and career guidance

The majority of trainers interviewed showed a great awareness and willingness to accept trainees with disabilities in their centres, but at the same time stated that they currently lack the skills to adequately cater to the learning needs of persons with disabilities. This is especially the case for trainees with intellectual or behavioural impairments and for persons with hearing impairments. There is currently no centre providing sign language interpretation. The trainers expressed a great deal of interest and motivation to improve their skills to support learners with different needs (rFTo26, rITo25).

All training providers interviewed reported challenges in advising trainees on choosing a suitable trade/course and related career opportunities due to a lack of systematic approaches to assess the skills, abilities and challenges of the individu-

al trainees (with and without disabilities). Often, trainees and trainers only realise that the training is not appropriate for the individual when the training has reached a certain stage, with the consequence that trainees might drop out. This could be avoided if the skills and career guidance were improved (wWGTPGD036).

The overall dropout rates in vocational training were described as high by numerous interviewees. One important factor given for this is the financial situation of trainees with and without disabilities alike. Especially poor trainees often take the very first opportunity they can find to find employment, even if this means dropping out of training without obtaining a full qualification. It is often the case that trainees with and without disabilities simply cannot afford to pay for the training any more for various reasons and drop out without having any employment or certificate.

As job attachments are unpaid and the training is not free of charge, any opportunity to earn an income is needed and usually taken.

Another reason for dropouts is that many trainees lose their motivation for their particular trade course, as it may not fully correspond to their interest, skills and abilities. There is usually no opportunity to change to another course (wlT007, wlGD006, wlGD003).

8.1.6 Difficult accreditation process for private training providers

The Ngato VTC training centre, which has already made extensive efforts to include persons with disabilities at their centre, is struggling to fulfil the registration requirements of the NTA. Unfortunately, the NTA requirements are indifferent to the difficult financial circumstances of the centre and do not acknowledge the fact in the registration process that Ngato is actively, and on its own initiative, pursuing the inclusion of persons with disabilities. Not being registered has the consequence for the centre of not being able to access certain funds and to therefore improve the quality of training provision for all trainees – with and without disabilities (wWGTPGD036, rIT025).

8.1.7 Prominence of inclusion within the NTA

In general, the inclusion of persons with disabilities in VET is not yet embedded in the structures and responsibilities of the NTA. This is due to a lack of awareness and consequently commitment to the issue among all levels of management and an absence of defined responsibilities in job descriptions and profiles (wlGD006, wlGD008, wlGD003, wlGo18).

8.1.8 Cooperation between ProVET, NTA, OPDs and special/resource schools

Unfortunately, DPOs were not included in the planning phase of the disability component of ProVET and the overall link between DPOs and the NTA is weak. This poses a major barrier to the inclusion in VET. If persons with disabilities are not considered as key stakeholders, their expertise, experience and perspectives will most likely continue to be excluded, which will affect the quality, sustainability and legitimacy of all measures taken to achieve a more inclusive VET sector in the future. This is also reflected in the composition of the Industry Skills Committees where persons with disabilities are not represented in nine out of the ten committees (wWGTPGD036).

In general, the capacities of DPOs to conduct awareness-raising, lobby and advocacy work or advise important stakeholders have decreased considerably in the past year. This is in part due to the withdrawal of donor funding from Namibia as a result of the country being classified as an upper-middle-income country. Most DPO representatives work on a voluntary basis as organisations are struggling to pay salaries, rent and other expenses. The capacity of DPOs to participate and influence political processes has been severely affected by their financial situation and such efforts depend very much on the individual representatives' initiative (wIGDoo8, rITo41).

Furthermore, the cooperation between special/resource schools and VET providers tends to be minimal. The special/resource schools have some experience and a certain amount of knowledge in assessing and responding to individual learning needs of persons with disabilities, which VET providers could benefit from. Unfortunately, the communication and cooperation between special/resource schools and VET providers is limited and rare. Although, the Sector Policy on Inclusive Education (2013) provides for a more systematic exchange and cooperation, the actual implementation is slow and interviewees described the process as highly bureaucratic and cumbersome (wITo17).

8.1.9 Transition to the labour market

A major contributor to the extremely high unemployment rate of persons with disabilities (90%) is associated with a lack of awareness among employers and companies regarding the skills and abilities of persons with disabilities. In most cases, persons with disabilities are associated with unqualified work and the need for special support and therefore requiring extra financial investment on the part of the employers (Lang, 2008; rLT040).

Employers primarily focus on obstacles that allegedly prevent them from hiring trainees with disabilities, instead of thinking of easy and affordable adjustments that might be implemented. Many persons with disabilities do not need expensive and specific adjustments made to their workplace (wIGDoo8).

Various persons with disabilities stated that they wished to start their own business after graduating from vocational training – on the one hand, so as to not be exposed to discrimination by colleagues or employers, but on the other, also because they assume that with their own business, their chances to earn a decent income and to live independently will be greater. The barrier that persons with disabilities face to become self-employed is that a considerable amount of start-up capital is needed to buy the necessary equipment, such as tools and machines. This is particularly the case for technical jobs. Persons with disabilities stated that it is especially difficult for them to obtain a bank loan or to access other funds that might be available for business start-ups. Training providers such as Ngato VTC and KAYEC are already aware of this problem and provide support by lending tools and machinery. Further support is clearly needed in this context (rFTo26).

A crucial factor in explaining the high unemployment among persons with disabilities is that many indeed lack qualifications. This is not due to a lack of motivation, abilities, skills or commitment on their part, but it is the consequence of systemic discrimination that they experience from the primary education level all the way up to vocational education. However, this should not be used as an easy excuse for employers, as there are – against all odds – qualified persons with disabilities who fail to enter the labour market because of the attitudinal barriers described above (wIGDoo6; rIDo24; wIDo16).

8.2 Recommendations to address barriers in VET

Recommendations to the Namibia Training Authority

In order to structure this chapter more clearly, the recommendations to address barriers in the VET sector are addressed to the NTA, ProVET and the VTPs separately. Differently from the previous chapter, the recommendations are not assorted to a specific barrier but often address several barriers at once.

8.2.1 Recommendations to the Namibia Training Authority

The NTA is the leading governmental agency to shape institutional structures and design policies in the Namibian VET sector. In order to support the NTA to use

its mandate and responsibility to strengthen the inclusion of persons with disabilities the following recommendations were developed.

1. Systematically integrate the inclusion of persons with disabilities into all NTA policies, for example by reviewing the current VET Act of 2008 and drafting an inclusive VET policy.
2. A prerequisite for a policy is to develop a clear understanding of what inclusive vocational education and training means in distinction from special or integrative education and training. Therefore, the importance of including persons with disabilities has to be addressed in sensitisation training activities and workshops on all levels. To share the same objective and prevent conflicting views on the inclusion of persons with disabilities, a common conceptual awareness among NTA and ProVET has to be elaborated. Training should be segmented in learning about defining impairment, barriers and disability; practical steps from exclusion to inclusion; the medical/individual and social models of disability, as well as the human rights-based approach towards disability. Units on a respectful approach towards persons with disabilities should furthermore cover the local context in which disability issues occur (e.g. local perceptions of disability).
3. The best partners to advise NTA in both of the above processes are Namibian DPOs, including the National Federation of People with Disabilities in Namibia and the National Disability Council of Namibia. To make inclusion meaningful, persons with disabilities and their representing organisations must be systematically included in all planning, decision-making and implementation processes.
4. Make it a registration requirement and part of the performance agreement with VTPs to actively undertake all necessary measures to remove physical/environmental barriers (e.g. adapting inaccessible training facilities, workshops or hostels, and any other barriers (e.g. inclusive learning materials such as large print, Braille, audio learning or simple language material) to accommodate the learning needs of all types of trainees.
5. Develop inclusive training courses for vocational trainers and make it a qualification requirement mandatory for all vocational trainers. Inclusive education models for primary and secondary education are already designed and part of the teacher training at UNAM. This could be a valuable entry point to develop inclusive education skills for vocational trainers.

6. Include representatives of persons with disabilities in all ten Industry Skills Committees and on the board of the NTA to ensure that the decisions made take the needs, experience and expertise of persons with disabilities into account and that the top NTA level and key industry representatives in Namibia are well aware of the situation of persons with disabilities and committed to including them in all forms of vocational training and employment.
7. Create a disability focal point at the management level in the Operations Department of the NTA. The focal point should act as a resource person for the other divisional managers in the Operations Department and advise them on how to systematically integrate the inclusion of persons with disabilities as a cross-cutting issue in their work and programmes. This person should also advise other NTA departments such as Finance and HR.
8. Allocate appropriate funds within the National Training Fund for the inclusion of persons with disabilities in VET. This should also include specific provisions for making claims from the VET levy in terms of inclusion. Provisions for funding and claims should include measures for making training and workplaces more accessible, for giving company employees and trainers of vocational trades specific training for skills development to adequately include persons with disabilities in VET and employment. Furthermore, costs for adapting training material (Braille, large print, video or audio material, simple language) should be allowed to be claimed under the NTF as well as the cost of employing sign language interpreters and other forms of personal assistance for persons with disabilities.
9. Existing buildings/VTCs that are not fully accessible to persons with disabilities need to be adapted. Create standards for any future construction of VTCs and facilities ensuring full accessibility for everyone by implementing international regulations (universal design). NTA and ProVET need to initiate this process and provide adequate financial support/solutions for training providers.
10. Develop short courses and single modules that give trainees with and without disabilities the opportunity to acquire practical skills and qualifications with more flexible entry requirements taking the learning needs of all trainees into account. Short courses should particularly respond to the demand for training of young people who did not reach grade 10 and provide alternative forms of testing and examination, including oral instead of written exams, free provision of sign language interpretation for people with hear-

ing impairments and other forms of personal assistance. Furthermore, more time for taking exams should be provided, where necessary.

11. All entry requirements for vocational education and training must be systematically revised and adapted to cater to the needs of persons with disabilities.
12. Introduce a quota for persons with disabilities of at least 5% that applies to all registered training providers.
13. In line with the affirmative actions called for in the National Disability Policy (1997), the performance of persons with disabilities enrolled in VET should not affect the funding training providers receive from the NTA until all barriers that persons with disabilities face in the VET sector are effectively removed.
14. In the field of secondary education, there is some preliminary experience in including persons with various impairments in mainstream education. The NTA should initiate cooperation with the responsible authorities in charge in the Ministry of Education, Arts and Culture and develop sustainable strategies to translate and adapt these experiences to the field of VET.
15. Consider implementing a disability awareness and sensitivity orientation for all trainees, to ensure a positive and receptive environment for all trainees with disabilities.

8.2.2 Recommendations to ProVET

With the aim to strengthen ProVET's role as a key stakeholder for inclusion in the VET sector and to expand inclusion within its own programme, the following recommendations are addressed to ProVET.

1. Help the non-profit and private training providers, KAYEC and Ngato VTC, to acquire funds to implement the inclusion of persons with disabilities, especially covering fees, accommodation, food and training materials, such as materials in Braille, large print, audio and visual support and sign language interpretation. Support government-funded VTCs to source funds from the NTA.
2. Support the five pilot training centres of the ProVET project's Inclusion Component in establishing relationships with companies that potentially will employ persons with disabilities. The employment liaison units/departments that all of the five pilot training providers maintain are a valid entry point. Contacts with possible employers are already in place and ProVET

should explicitly support the liaison officers to raise employers' awareness of persons with disabilities being qualified and committed employees, inform them about opportunities to claim training costs and costs for removing barriers in terms of inclusion through the levy. Furthermore, they should know about the importance of the Affirmative Action (Employment) Act of 1998, which stipulates that companies with more than 25 employees must employ at least 5% persons with disabilities.

3. Increase the capacities and skills of vocational trainers in inclusive education by offering pilot training to them on how to address the learning needs of trainees with different abilities. Inclusive education models for primary and secondary education have already been designed and form part of the teacher training at UNAM. This could be a valuable entry point to develop inclusive education skills for vocational trainers.
4. Advise the NTA in its restructuring process to systematically incorporate the inclusion of persons with disabilities as a cross-cutting issue at least in all divisions of the Operations Department and HR.
5. Systematically include and consult DPOs as key stakeholders and partners in all of ProVET's planning, implementation and monitoring and evaluation activities and establish sustainable communication mechanisms with them. Furthermore, support and advise them how to cooperate with the NTA.
6. Further strengthen the network of stakeholders, especially between special and resource schools and VTPs, to encourage mutual learning experiences between special teachers and trainers by establishing sustainable mechanisms of knowledge sharing, e.g. through exchange visits and formal working groups in Windhoek and Rundu. This will strengthen the trainers' capacities in inclusive education and knowledge of vocational training in the special/resource schools will increase as a consequence.
7. Raise awareness among all staff levels of the NTA and ProVET for the inclusion of persons with disabilities and systematically engage DPOs and the NDC in these activities.
8. Support the NTA and training providers to collect disaggregated data on the access of persons with disabilities to VET, including: how many young women and men apply, how many are accepted, how many complete which level, how many drop out when and why, where do they find employment.

8.2.3 Recommendations to vocational training providers supported by ProVET

Although the capacities and financial means of the VTPs are limited, there are nevertheless some non-expensive and efficient measure that can be planned and implemented by the VTPs themselves. The following recommendations were developed to guide the providers in this process.

1. Establish a disability focal point/person at each of the pilot training providers, who has a specific qualification and commitment to support the inclusion of persons with disabilities. This person should specifically guide and advise trainees during the registration process and identify individual interests and abilities of trainees to support them in finding an appropriate training trade.
2. To further address high dropout rates among trainees, it is recommended to establish trial courses that give newcomers the opportunity to directly experience what they are good at, which type of training they enjoy and what skills they can develop in order to make an informed choice about what is the most suitable vocational training for them.
3. Private training providers like KAYEC and Ngato VTC have the opportunity to develop short courses and respective certification independently from the NTA. By developing the courses and the appropriate requirements, they should pay special attention to the situation of persons with disabilities. The training providers should consult DPO representatives and special/resource education teachers to ensure adequate inclusion of the needs of persons with disabilities.
4. Initiate outreach campaigns to inform persons with disabilities about VET and their opportunities therein, to encourage them to apply for vocational training at your centres. The admission for persons with disabilities in VTCs must be promoted on various national and local information channels such as radio, television, web pages, social media, etc. Information must be well designed and accessible.
5. Parallel VTCs should promote what they are offering (sharing of successful practices) and give successful examples of graduating trainees

9 Situation of people with disabilities in transport: Barriers, entry points and recommendations

Mobility can be seen as a key aspect to strengthen the participation of persons with disabilities in all parts of daily life. The current infrastructure in Namibia is not meeting the needs of the majority of the population (Schmorl, Engelskirchen, 2015: 30). Particularly persons with disabilities are affected by these deficiencies. Through the “Sustainable Transportation Master Plan for Windhoek” (Ministry of Works and Transport Namibia, 2013) carried out by the “MoveWindhoek” project in cooperation with the MoWT and GIZ’s Transport programme, these challenges are being addressed in the capital city and its bordering regions. Due to the success of the project and the prevailing transport problems, the stakeholders decided to implement a similar project called “Transport4People” (T4P) (Ministry of Works and Transport Namibia, GIZ, GOPA, 2015) in the densely-populated northern regions.

As the master plan of T4P is currently in preparation, persons with disabilities can be still taken into consideration within all project activities. Therefore, it is necessary to further identify barriers to transport and to develop recommendations to strengthen the inclusion of persons with disabilities in the transport sector by enhancing their mobility. Besides the T4P project, the research team was moreover commissioned to deliver entry points for disability inclusion in the UNAM and NUST engineering curricula (see 9.7).

Based on the interviews, focus group discussions and workshops the research team conducted in Windhoek, Rundu and Ongwediva, the following barriers and areas of intervention were identified. The recommendations are mainly based on the findings of the “Removing Barriers” workshop, which took place at the UNAM José Eduardo dos Santos Campus in Ongwediva. This was complemented by expert interviews conducted with the GIZ, UNAM, DPOs, the Ministry of Health and Social Services, and the Ministry of Works and Transport. Furthermore, the research team participated in the stakeholder workshop and public hearing for the T4P project in Outapi (Omusati region), carried out by GOPA.

As the social model of disability frames disability as the interaction of individual impairments and various barriers (attitudinal, environmental and institutional), the following points are the results of these interactions and could not be ascribed to one specific barrier alone.

9.1 Low accessibility of transport services and infrastructure

Due to a lack of reliable and comprehensive public transportation (e.g. no scheduled public bus services), taxis and minibuses are the main modes of transportation in the northern regions of Namibia to travel within and between the urban centres (Ministry of Works and Transport Namibia et al., 2015). The majority of the population is dependent on these services to ensure their mobility.

For persons with disabilities, access to these services is severely limited due to numerous environmental barriers. These lead to a considerable restriction of their mobility, with various negative implications for their participation in society (limited access to health facilities, public institutions, education services, workplace, etc.). The following barriers were identified:

- For persons with disabilities, it is difficult to use current transport services. Taxis and minibuses have not been adapted to their needs and the accessibility for physically-impaired persons using a wheelchair is low due to the lack of storage space in the vehicles or higher prices for transporting a wheelchair.
- The existing taxi ranks are not accessible because of sandy surfaces and high kerbs. There are only a few disability-friendly car parks available (oIU030, oIG034, oIP35, oWPTGO037, wIDO021).
- The situation in rural areas is even worse. In villages, public transport is mainly based on the use of pickups (called bakkies), which are especially unsuitable for physically and visually-impaired persons. There are no alternative modes of transportation such as public buses that could ensure the mobility of persons with disabilities (oIP035, oWPTGO037).
- Many public facilities (e.g. hospitals) and shopping malls do not allow taxi drivers to enter their car parks. Passengers with disabilities are therefore dropped off at taxi ranks outside of the location and have difficulties entering the facilities (oWPTGO037).

Besides environmental barriers, the attitudes of taxi and minibus drivers were identified as another major obstacle for persons with disabilities within the transport sector. Given that many taxi and minibus drivers lack awareness and knowledge of how to address the needs of persons with disabilities, different forms of discriminating behaviour were observed:

- Drivers often deny the use of their service to persons with disabilities. They do not consider persons with disabilities as equal customers and do not stop for them, especially when they are using a wheelchair (rIPo27, oIPo35).
- Drivers are afraid of taking responsibility for passengers with impairments, e.g. in case of an accident or an emergency and simply pass by.
- When drivers accommodate persons with disabilities in their vehicles, their behaviour is often offensive: too much money is charged, no help is offered while entering or leaving the vehicle, and persons with disabilities often are not dropped at the requested destination.
- Communication difficulties play a crucial role when it comes to misbehaviour by the drivers in terms of payment or dropping off passengers with disabilities (oWPTGO037, oIGo34, wIGDo10, rIDo28).

Recommendations

To address the environmental barriers, it is recommended to improve the transport infrastructure in the four northern regions and establish new services within the intended sustainable transport master plan, suitable for everyone – persons with and without impairments alike.

1. Adapt taxi ranks to cater to the needs of persons with disabilities (oWPTGO037).
2. Redesign the drop-off zones (e.g. shopping malls) to ensure better accessibility for persons with disabilities (oWPTGO037).
3. Provide more foldable wheelchairs that can be fitted in the boot of conventional taxis and minibuses. Support local production of foldable wheelchairs through the Local Rehabilitation Workshop (LOREWO) (oIPo35).
4. In urban areas, some taxis could be modified to offer their service to persons with disabilities (e.g. combi-vans), especially for physically-impaired persons using a wheelchair. Persons with disabilities should be informed of these services and it should be possible to contact available drivers via mobile phone (oWPTGO037).
5. Persons with disabilities above all call for the establishment of an accessible public bus system in the northern regions with a reliable schedule for inner city transport and regional travel. Both new and existing bus terminals should be adapted to the needs of persons with disabilities. It is important to not just consider the needs of persons with disabilities in the design of terminals and vehicles themselves, but also in terms of their broader acces-

sibility (e.g. concrete pavements along main roads). New bus terminals should offer different zones for private vehicles, taxis and public buses (oIU031, oWPTGO037).

6. Adapt the new main bus terminal in Oshakati, taking the needs of persons with disabilities into consideration following the principles of universal design.
7. The use of new public modes of transportation for persons with disabilities can be subsidised by the government to ensure their accessibility. As children with disabilities and visually-impaired persons often need personal assistance, public funding should be available for personal assistance (wIGO004).

The attitudes of taxi and minibus drivers are a main attitudinal barrier to the participation of persons with disabilities in the transport sector. Therefore, the establishment of modified taxis should go hand in hand with the following recommendations addressing the discriminating attitudes in the transport sector towards persons with disabilities:

1. The attitudes of taxi and minibus drivers towards persons with disabilities clearly illustrate the need for awareness-raising and sensitisation campaigns on disability issues that should be carried out in cooperation with the Ministry of Health and Social Services, the National Road Safety Council, town councils, DPOs and public transport lobby groups (e.g. the public transport and taxi associations). The mobility of persons with disabilities should be further improved by emphasising the responsibility of the drivers to offer their service to persons with disabilities (oWPTGO037).
2. To strengthen the inclusion of persons with disabilities in the transport sector and reduce discrimination, it is recommended to include disability issues relating to transport (how to assist and communicate with persons with disabilities in public transport, what kinds of impairments need what kind of assistance, etc.) into the licensing procedure for taxi and bus drivers. Furthermore, disability issues should form part of the general driver's manual to raise awareness among all drivers of motorised vehicles and to improve the safety of persons with disabilities within the transportation system (wID011, oWPTGO037).

9.2 Specific security risks for women with disabilities within the transport sector

Persons without disabilities often state that safety issues in the transport sector are not specifically an issue for persons with disabilities, but rather motorised forms of mobility as a whole (oIUo3o, wIGDo2o). However, DPOs and persons with disabilities emphasised that besides general safety problems in the transportation sector, women with disabilities are especially affected. This problem seems to be related to the attitudinal barrier mentioned in 9.1.

Women with impairments are more vulnerable in terms of public transport. Especially for visually or mentally impaired women, the risk of being robbed, deceived, sexually harassed or sexually assaulted by drivers or other passengers is particularly high (wIDo11, wIT17, rIGo29). The following example given by a schoolgirl clearly illustrates the problem: "After receiving primary education in her neighbourhood, she needed to take public transport to reach the secondary school. While commuting with public transport, the girl faced sexual assaults. The mother didn't allow her to use public transport for security reasons and the girl dropped out of school. Now she stays at home." (wIGDoo8).

Recommendations

The most efficient way to improve the safety situation for persons with disabilities within the transportation system is to offer sensitisation and awareness raising programmes for all sections of society. Nevertheless, the following recommendations could further improve the situation of women and girls with disabilities:

1. Implementation of an accessible public bus system with regular time schedules could improve safety for women with disabilities, as this mode of transport reduces the risk of travelling alone. Furthermore, bus drivers could offer their assistance.
2. To improve transparency regarding the driver's personal information (name, license number, etc.), it is recommended to display this information in the driver's cab, visible to all passengers. As persons with visual impairments would not be able to use this information to complain, the information must also be made available in Braille or large print.
3. Formulate policies and regulations ensuring the safety of passengers with disabilities by setting penalties (fines or withdrawal of the taxi license) and offering a mechanism for complaints.

The most efficient protection against security threats for (visually) impaired persons is a personal assistant while using taxis and buses. Through awareness raising and sensitisation campaigns within the transport system as a whole (see recommendation 1), moral courage could be reinforced to ensure the safety of passengers with disabilities when there is no personal assistance available.

9.3 Non-motorised transport

The current condition of the road infrastructure for non-motorised transport in the northern regions is insufficient for pedestrians in general. The road design, which mainly caters to motorised mobility, is limiting access – particularly for persons with disabilities.

- There are a lot of environmental barriers, such as high kerbs and deep drainage ditches. There are almost no ramps or other facilities to help overcome these. (oIU031).
- In many places, the natural environment itself constitutes a barrier. The sandy roads and pavements make it difficult for wheelchair users to move around and persons with visual impairments have problems orientating themselves. Therefore, mobility outside the individual motorised transport is quite a challenge (oWGPTGO037).
- Physically-impaired persons using a wheelchair face specific barriers. Because of the lack of tarmacked pavements in most towns, they are forced to drive on the streets, which can lead to severe or even fatal accidents. Safety issues in this regard are a specific problem for the mobility of persons with disabilities (wIGD004, oIP035, oWGPTGO037).
- The existing measures for providing technical support to physically impaired persons is limited. The ability of the Ministry of Health and Social Services to provide free wheelchairs is limited, the current demand for wheelchairs cannot be met and the waiting list is long. Buying a wheelchair locally is quite expensive and often requires financial support from the family, which means that only a small portion of physically-impaired persons have access to a wheelchair to gain mobility (oIG034, oIP035).
- The lack of acoustic signals in many traffic systems makes it difficult for visually-impaired persons to move around cities without personal assistance (oWGPTGO037).

Recommendations

1. Avoid high pavements and deep drainage ditches in future construction measures. Adopt cross roads and drop kerbs to ground level (oIU031).
2. Tarmac pavements along the main roads and highly frequented footpaths. Consider the main walking routes of persons with disabilities within further planning activities in terms of non-motorised transport (wIGD004, wIGD010).
3. Replace gravel roads with paved ones, especially in rural areas, to improve the mobility of physically and visually-impaired persons (oWPTGO037).
4. Increase the provision of foldable wheelchairs in cooperation with the Ministry of Health and Social Services and LOREWO to enable persons with physical impairments to participate in the non-motorised transport.
5. Equip all traffic systems with acoustic signals and extend the walking time for pedestrians (wIGD010, oWPTGO037).
6. Integrate issues of disability inclusion and universal design into future research activities within the T4P project so as to improve the environment for non-motorised transport in urban areas.

9.4 Accessibility of (public) buildings

The lack of access to many public buildings, shopping malls, churches and also private houses is one of the biggest environmental barriers for persons with disabilities to participate in daily life:

- Stairs are still a major problem and many facilities have no ramps and lifts to improve access.
- The connectivity and accessibility to public services such as health care and education facilities is insufficient.
- Especially in rural areas where there is a shortage of alternatives to public transport and connection to a public transport system currently seems unrealistic, access to public facilities and institutions is very poor or non-existent (oIG032, oWPTGO037).

Recommendations

1. In future, the construction of all public buildings should follow the guidelines of universal design (ramps, lifts, sanitary facilities, etc.) and existing buildings should be adapted (oWPTGO037).

2. Public institutions and health facilities should provide adapted drop-off zones for vehicles (and taxis) to accommodate persons with disabilities to transport them right up to the building's entrance.

In remote rural areas that are not connected to a public bus system, an on-demand transport service for persons with disabilities could improve their mobility (e.g. visiting health facilities and public institutions). These shuttles could be requested in advance to enable better coordination of the service (wIGOoo4).

9.5 Low participation of people with disabilities within the planning process of T4P

Due to the small number of functioning DPOs in northern Namibia, persons with disabilities could not be consulted sufficiently during the planning of transport and infrastructure projects at the present time. The stakeholders noted that they face difficulties finding counterparts for cooperation (wIGDoo4). Persons with disabilities stated that disability issues are almost absent in the planning and implementation of policies addressing the transport sector. They expressed their wish for more participation in future planning activities regarding future project activities that directly address them (oWPTGOo37).

The lack of information (e.g. reliable demographic statistics) about the current situation of persons with disabilities is another barrier. Knowledge of the exact situation of residence and living conditions especially in the rural areas is important for the planning of future activities (oIUo30).

Recommendations

Besides the National Federation of People with Disabilities in Namibia (the office for the northern regions in Oshakati is no longer operating) and the Northern Association of the Visually Impaired (NAVI), the following actors can be counterparts to ensure improved participation of persons with disabilities within the T4P project:

- The Eluwa Special School in Ongwediva: the school employs a number of visually and hearing-impaired teachers, who are familiar with the local context and could be valuable resource persons when it comes to planning future activities to cater to the needs of persons with disabilities within the T4P project.

- The Local Rehabilitation Workshop (LOREWO) project in Oshakati employs physically-impaired persons and manufactures wheelchairs. LOREWO also organises training for future wheelchair technicians in Tanzania and for families on how to assist family members using a wheelchair. The LOREWO staff could also play a part in possible awareness-raising and sensitisation measures for taxi and minibus drivers.
- The rehabilitation officers working for the Ministry of Health and Social Services at the Oshakati state hospital can provide further information about the situation of persons with disabilities and could also serve as resource persons for future planning activities.
- The Motor Vehicle Accident (MVA) Fund in Ongwediva employs persons with disabilities and provides financial support and rehabilitation measures for persons with disabilities.
- The Oshana wheelchair basketball team can provide valuable knowledge, addressing the situation of physically-impaired persons within the transport sector.

Within the planned T4P activities, the following activities could contribute to the increased participation of persons with disabilities:

1. "Integrated transport/land use and planning"
Include a disability perspective in the review of current regional planning guidelines, procedures, and regulations by consulting persons with disabilities. Integrate disability inclusion in the comprehensive training courses for regional planners that should be carried out in cooperation with UNAM. Enhance the participation of persons with disabilities in the annual regional planning forum and include members of DPOs.
2. "Regional transport performance atlas"
To gain further knowledge about the situation of persons with disabilities in the project regions, it is recommended to integrate disability issues into elaboration of the regional transport performance atlas.
3. "Public transport management"
Persons with disabilities should be members of the public transport boards to include disability issues in the development of new transportation strategies, especially with regard to public transport issues (e.g. accessibility of terminals and taxi ranks, quality of service, etc.).

9.6 Lack of barrier-free information and communication

There is also a lack of barrier-free information channels in general and specifically in terms of transport, e.g. when it comes to the formulation of policies concerning disability issues within the transport sector. Future activities should be communicated in various forms (e.g. Braille) to inform persons with disabilities (oWPTGO037).

The lack of information addressing transportation and difficulties communicating with taxi and minibuses constitute major barriers for the participation of persons with disabilities in the public transport sector. There is no accessible information for visually and hearing-impaired persons about directions and locations and no oral instructions in taxis and minibuses. Road maps that support orientation and help drivers to reach their final destination are currently non-existent (wIGD004, wIGD010, oIG034, oWPTGO037).

Recommendations

1. Provide information and communication by publishing accessible information on new and existing modes of transport and future activities within the T4P project.
2. Prepare a road map of urban areas for better orientation and communication (e.g. deaf people could use a map to communicate with a taxi driver).

9.7 Disability inclusion in the UNAM and Polytechnic engineering curriculum

One other main objective of the GIZ's "Strengthening of institutional and management capacity in the road sector" programme is to be achieved by increasing the number of qualified experts in the Namibian transport sector. Thus, the programme actively supports the civil engineering departments at the UNAM and NUST. It provides advice on the development of the bachelor's and master's degrees in civil engineering. In 2014, a Master of Science programme focusing on transport systems was launched at the UNAM's Engineering Faculty in Ongwediva (GIZ, 2014).

The female ratio of 22% engineering students at the faculty in Ongwediva is exceptionally high – even compared to the international standards (UNAM, 2015a). However, interviewees stated that a more active promotion of female civil engineers is required within GIZ's Transport programme, as it is in wider society

(wIGDo13). Furthermore, no students with disabilities were identified during the research by the SLE team at the engineering faculty in Ongwediva. A demand for “role models” was expressed to better take the concerns and needs of persons with disabilities into account. It should be demonstrated that persons with disabilities can also make good engineers (oIUo31).

As disability is not yet a specific topic of the engineering curriculum (oIUo30). One aim of the SLE research in Ongwediva was to deliver entry points on how to include disability. Interviewees stated that improving awareness of disability issues among future engineers is crucial within the civil engineering degree and Namibian transport policy in general. While engineers are the persons who are planning modern (barrier-free) infrastructure programmes, UNAM is training the country’s future decision-makers (wIGDo20). Therefore, the focus on disability by Namibia’s new government should also be reflected in the training and education programmes for future engineers (wIGDo20, oIUo31, wIGDoo4). Similar to the integration of HIV/AIDS and Gender as a mainstreaming topic in the engineering curriculum, disability issues must become a part of the examinations in civil engineering. The curriculum must be adapted as early as in the undergraduate courses to this end (wIGDo20).

Mainstreaming health and social issues into the engineering curriculum

The reasons for mainstreaming health and social issues into the engineering curriculum are manifold: sensitisation to topics such as HIV/AIDS and gender is crucial to engineer students’ behaviour in their future workplace. Besides a demonstration of protection and prevention measures against HIV/AIDS, future engineers and their colleagues should be trained to interact as equal human beings, regardless of their gender or health condition (oIUo30, oIUo33).

Awareness building on social issues is already a central component of two undergraduate modules, one of which is called “Contemporary Social Issues”. Launched in 2004, its important contents are HIV/AIDS, gender and ethics in general. In 2011/12, the module was revised and further content added, leading to the inclusion of the issues of sustainability and citizenship (oIUo33). In order to take current societal concerns and challenges into account (such as HIV/AIDS and gender), the GIZ helped the engineering faculty to develop a compulsory module (GIZ, 2015). All undergraduate qualifications the faculty offers include a module entitled “Society and the Engineer”, which covers the following issues (UNAM, 2015a; UNAM, Cross, 2014a, 2014b):

- health and safety in the workplace;
- the engineer and HIV and AIDS;
- socio-economic impacts of HIV and AIDS on families, communities and the engineering industry.

Besides protection and prevention measures against HIV/AIDS, the module offers sensitisation and information about the perception and treatment of people living with HIV. Gender issues are not only reflected in relation to the “vulnerability” of the (predominantly male) engineers at (road) construction sites, but also in terms of integrating women into the workplace and showing them equal respect (oIU033, oIU030). The module moreover focuses on engineering ethics so that students understand that their designs must be adapted to the needs of society as a whole. By assuming a general approach due to different professional requirements for each discipline (e.g. architecture of buildings, bridge design, etc.), the module focuses on mainstreaming and safety issues in the future workplace (oIU030).

Disability is currently not treated as a separate topic of the module. To some extent, it is reflected and introduced in the safety component where injuries or accidents related to the workplace and their long-term consequences are demonstrated (oIU033). Several interviewees would consider it useful to integrate disability inclusion into this module (oIU033, wIGD004, wIGD020).

Recommendation

To address disability issues within the current engineering curriculum, it is recommended to consider disability as one of the mainstreaming topics of undergraduate modules, mainly that of “Society and the Engineer”. While extending the module, disability can on the one hand become an element of the awareness-raising component on the different needs existing in society, with a focus on marginalised groups. Upon other terms, this means that regardless of the gender, health condition or impairment of their clients, colleges or employers, students should be trained to respect their rights in an equal manner. On the other hand, disability issues tie in with the safety component where accidents leading to different types of injuries and impairments are analysed and prevention measures provided.

Universal infrastructure and road design in the engineering curriculum

Although many interviewees emphasised their importance in future engineering projects, disability-friendly infrastructure measures are not yet a specific topic in the civil engineering curriculum (oIUo30, wIGDoo2, oIUo31). This is partly due to the lack of standards and guidelines concerning barrier-free infrastructure and universal design in Namibia (see Chapter 6). Some interviewees stated that the personal efforts of lecturers to teach several standards of universal design are contradicted by certain realities in the road construction sector: usually these standards will not be demanded by the client, as it is up to their personal will to fund and implement appropriate measures (oIUo30). However, the engineering faculty in Ongwediva is willing to take a lead in teaching universal standards and design (oIUo31).

Knowledge acquisition on disability inclusive measures is considered particularly important for civil engineers in the field of road construction. Especially when it comes to planning infrastructure in towns, a module on disability-friendly construction measures in the road sector would be useful. Such a module should be as concrete as possible and could cover the following questions: which mobility needs do persons with disabilities have in general (e.g. are they using public or private means of transport)? What aids or technical adjustments (e.g. ramps) are necessary to include persons with disabilities in public and private infrastructure? Which colours are most suitable for persons with visual impairments? What are appropriate surfaces for wheelchair users? Which calculations are necessary to build a ramp? What are important road safety measures for persons with disabilities? (oIUo31, wIGDo20, wIGDoo4).

Recommendation

To address universal infrastructure and road design in the engineering curriculum, it is recommended to develop a module on the means and technical requirements of a barrier-free infrastructure and universal design. Such a module should seek to create an understanding of the different types of impairments and needs in terms of engineering provisions. Furthermore, as safety and security issues are one of the main reasons hindering persons with disabilities from participating in transportation, road safety measures should be made an integral component of the engineer training. For example, the module could form part of the newly-established master's degree focusing on transport systems.

10 Conclusion

The findings from the field research conducted in Namibia demonstrate the existing achievements of and challenges to the inclusion of persons with disabilities in the GDC and Namibian society as a whole. Persons with disabilities are still a marginalised group who are often denied basic services and needs. Despite existing policy frameworks that are considered progressive instruments for disability inclusion, the situation in the field in terms of disability inclusion remains a challenge. This is evident in the lack of knowledge and awareness of disability issues in social, political and economic spheres. As a result, policy implementation is neglected and persons with disabilities face great difficulties to claim and exercise their rights. Furthermore, the currently weak condition of Namibian DPOs indicates a lack of support by governmental institutions and international donors. Considering the well-known slogan of the international disability movement of “Nothing about us without us”, it is necessary to include, support and strengthen persons with disabilities and their organisations according to the UNCRPD.

Therefore, it is essential that the inclusion of persons with disabilities is seen as a cross-cutting issue for the work of development practitioners, planners and their counterparts. The topic must be systematically mainstreamed throughout projects, programmes and policies in the respective partner countries. The “Inclusion Grows” manual seeks to contribute to this mainstreaming process by offering relevant concepts and specific tools addressing disability inclusion in all sectors of the GDC.

This could be demonstrated within the GIZ’s ProVET and Transport programmes. The vocational education and training as well as the transport sector were examined in detail by the research team and the specific recommendations developed in this study illustrate the aforementioned shortcomings. Despite this, both programmes have shown an effort and willingness to strengthen inclusion within GIZ Namibia. Based on the conceptual and methodological framework of the study, the research team identified specific areas of intervention to strengthen the inclusion of persons with disabilities within both programmes, enabling decision-makers to consider disability mainstreaming within their work.

While identifying barriers in both sectors, an urgent need for cooperation among relevant stakeholders became obvious. This was already revised during the first collaborative workshop of ProVET and the SLE research team entitled the “Inclusive Vocational and Education Training Forum” held in Windhoek on 7 August 2015. Although this preliminary workshop already led to new cooperation

and awareness of relevant stakeholders, there is now an essential need to further expand the fertile cooperation and underpin it with binding agendas and activities. It is the duty of GIZ Namibia to take a leading role in this process and to assume responsibility for a sustainable improvement in the inclusion of persons with disabilities on all levels within the two sectors.

Vocational education and training sector

In general, Namibia is facing a high unemployment rate, which results in major challenges – not least in the VET sector. Persons/trainees with disabilities face particular challenges, as they are largely excluded from the labour market (Lang, 2008). The VET sector can counteract this problem by improving curricula and cooperation with potential employers. However, to date the relationship between supply and demand remains unbalanced. Up until now, persons with disabilities have played only a minor role in the VET sector, related to their aforementioned marginalisation within society and the gap between policy formulation and its implementation in terms of inclusive vocational training. These barriers can also be found in the VET sector, leading to specific forms of discrimination and exclusion.

Negative attitudes and discrimination against persons with disabilities are reflected in the behaviour of many VET trainers and non-disabled trainees. This has its roots in insecure and uncertain perceptions of how to approach persons with disabilities. Hence, trainees with disabilities are usually perceived as a burden, being incapable and dependent, leading to severe neglect. It ultimately leaves those affected with decreased motivation, low self-esteem and anxiety.

Furthermore, the lack of financial means is a major barrier for trainees with disabilities and the VET sector as a whole. While the Namibian government does offer financial support, the process of obtaining this support was described as cumbersome, if at all possible. Moreover, scholarship opportunities are rare but urgently needed, as trainees with disabilities usually face tough financial conditions. At the same time, the VTCs lack financial means. They face difficulties in providing inclusive training curricula, inclusive training materials and barrier-free training and accommodation facilities. Private/donor-funded VTCs are affected the most, as they are not usually accredited by the NTA because they cannot fulfil the registration requirements. This bars training providers from accessing certain funds for improvement and leaves VTCs in an unstable and critical financial situation.

Despite the challenging financial conditions of VTCs and trainees alike, the situation for trainees with disabilities is even worse because the entry requirement

tests performed by VTCs are described as particularly difficult. There is no option to replace written exams with oral or signed ones. This systematically excludes a wide range of potential trainees with disabilities. Furthermore, trainers lack adequate skills to respond to the learning needs of trainees with disabilities. Nevertheless, trainers demonstrated a high degree of motivation to improve their skills if the opportunity were available. The trainers' lack of skills and absence of career guidance for trainees with disabilities can easily lead to the termination of training before graduation. High dropout rates are a general problem within the VET sector, correlating with the severe financial situation faced by most trainees with and without disabilities.

However, if trainees do successfully graduate, interviewees stated that the transition to the labour market is nearly impossible for graduates with disabilities. This was associated with a lack of awareness among employers and companies with regard to their abilities. The desire of many trainees with disabilities to start their own business leads to difficulties too, as funding or savings are usually not available.

Furthermore, data collection revealed a vast lack of physical, communicational and informational accessibility. Most institutions cannot be accessed by persons with disabilities without assistance; this also includes learning materials. The informational accessibility is limited, as there are no channels to inform potential trainees with disabilities of the opportunity to receive training at VTCs. Consequently, trainees with disabilities are once again excluded.

The above-mentioned issue is exacerbated by an as yet lacking comprehensive approach to the inclusion of trainees with disabilities within the structures and responsibilities of the NTA. This is due to a lack of awareness and consequently of commitment to the issue throughout the whole organisation.

The barriers and needs in the VET sector identified were used as the foundation to develop specific recommendations for GIZ Namibia. These vary from specific suggestions to broader advice for the different stakeholders and policymakers among them. Fundamentally, there is a great need for mainstreaming disability into all relevant political instruments and, more importantly, to implement them accordingly. This needs to be accompanied by sensitisation and awareness training for all stakeholders. It is crucial to include the expertise and experience of local DPOs and other relevant institutions, and to further establish focal points within the different organisations responsible for VET. In general, stakeholders are asked to cooperate regularly and establish further cooperation, especially with the labour market for a successful transition of graduates in the future. It is not

only essential to ensure the necessary financial means guaranteeing the physical, communicational and informational accessibility, but also to offer scholarships for trainees in need and to establish funds for VTCs.

Transport sector

As mobility is central to the participation of persons with disabilities within the VET sector and society in general, it seems crucial that existing services and infrastructure are adapted. Therefore, upcoming measures within the T4P project must be tailored to the needs of persons with disabilities. These necessities are often associated with environmental barriers (e.g. missing ramps and lifts). However, the data collected revealed a more complex picture of the barriers preventing persons with disabilities from participating in the existing transport services, especially in the northern regions of the T4P project.

The barriers identified in the transport sector often cannot be assigned to one specific barrier alone. Instead, their origin can be found in the interrelations of various barriers and their occurrence is not necessarily evident at first glance. This phenomenon is reflected in the low accessibility of transport services and infrastructure. Persons with disabilities stated that besides physical barriers (e.g. accessibility of vehicles and taxi ranks), the discriminating attitudes of taxi and bus drivers constitute the main obstacle to their use of these services. This example illustrates the need for a holistic approach for the inclusion of persons with disabilities that addresses all aspects of transportation and not just problems in terms of environmental accessibility. A related issue concerns security and safety issues, especially for women with disabilities using public transport services. Confirming the approach of intersectionality used for the study, this observation clarifies the multiple discrimination mechanisms of gender, poverty and disability that affect women with disabilities within Namibian society.

Besides these interrelated barriers, problems in terms of non-motorised transport, accessibility of (public) buildings and barrier-free information and communication are easier to classify within one specific sphere of barriers. They are mostly based on environmental barriers and a lack of institutional efforts for implementation. As their solution basically requires technical adjustments, these barriers can be addressed more easily than attitudinal barriers. Nevertheless, it is important that these adjustments are planned and carried out in cooperation with DPOs. Their involvement in project planning and implementation helps to strengthen the participation of persons with disabilities within the transport sector and to offer suitable solutions to overcome the interconnected barriers in transportation and mobility.

The recommendations formulated follow these insights and offer concrete proposals addressing the interrelated nature of barriers in terms of transport and the mobility of persons with disabilities in the northern regions of Namibia. This advice for the GIZ's Transport programme includes the establishment of an accessible public bus system, awareness-raising and sensitisation measures for taxi and minibus drivers as well as the integration of disability issues in the overall driver licencing procedure.

Another important recommendation addresses shortcomings in terms of information and communication within the transport sector. The lack of accessible channels of communication and information for persons with disabilities greatly limits their use of existing and future services. As implementation of the project activities within the T4P project is due to start next year, the prospects for increasing the inclusion of persons with disabilities appear promising.

Reflecting the aim of the GIZ's Transport programme to increase the number of qualified experts in the Namibian transport sector, disability has to become even more of a part of engineering curricula. In this regard, specific recommendations have been developed for mainstreaming disability in the bachelor's and master's degrees in civil engineering at the UNAM in Ongwediva and the NUST in Windhoek. Besides providing technical knowledge, the aim of raising awareness for the concerns and needs of persons with disabilities again seems to be crucial. The existing modules on "Society and the Engineer" and "Contemporary Social Issues" are suitable entry points for the professional requirements of the discipline in terms of disability inclusion.

Final presentation of the recommendations successfully took place in Windhoek on 27 October 2015. Relevant stakeholders were brought together and further actions for disability inclusion were discussed with the SLE research team. This can be seen as a next step in building a more solid cooperation between stakeholders on all levels, as honest interest was shown in improving the inclusion of persons with disabilities in the respective sectors. Detailed recommendations can be found in chapters 8 and 9.

Challenges for disability mainstreaming

Elaboration of the recommendations for the VET and transport sector reflects the need to adapt a twin-track approach to increase the inclusion of persons with disabilities within the work of the GDC. The developed manual "Inclusion Grows" will contribute to the efforts of disability mainstreaming, as it benefited from the experiences and insights the research team gained during the work in the respec-

tive project sectors in Namibia. Therefore, concrete challenges in terms of implementing disability mainstreaming were identified and kept in mind while drafting the manual. As a result, it offers detailed information on definitions of and conceptual approaches to disability necessary for both, disability-specific target initiatives and broad mainstreaming of disability issues within all sectors of the GDC. The twin-track approach was thus systematically adopted.

Furthermore, it is necessary to pay attention to the risk of overloading programmes and projects with too many mainstreaming targets. This mistake was previously made with mainstreaming gender and HIV/AIDS, leading to a kind of weariness for cross-cutting issues. It seems important not to enforce too many regulations and standards (e.g. through mandatory disability sensitive indicators and endless checklists) if the project does not really deal with disability matters (wIGDo12, wIGDo08, wIGDo13). Instead, it is necessary to formulate specific starting points suitable for the concrete scope of the project: what track in the twin-track approach is needed? What dimensions of mainstreaming should be accelerated within the project or programme? To what extent are disability issues relevant for the planning, implementation and evaluation of the project, etc.?

Only when considering these challenges and finding appropriate compromises between mandatory guidelines and voluntary engagement in terms of disability mainstreaming, can the inclusion of persons with disabilities in the work of the GDC be sustainable and successful. In this context, it is crucial that persons with disabilities themselves actively participate in all project phases as counterparts and staff members of the GDC. Awareness-raising and sensitisation play a fundamental role in this process and the “Inclusion Grows” manual can contribute to these efforts while offering tools and knowledge for all project phases and actors. The largest barriers are often peoples’ mind-sets and prejudices within society. Without changing attitudes and behaviours, the inclusion of persons with disabilities will not succeed. These efforts require the full participation of persons with disabilities within society as a whole and specifically in development cooperation to promote social change and enable persons with disabilities to live an independent and self-determined life.

Inclusion matters: access and empowerment for people of all abilities

The theme of the 2015 International Day of Persons with Disabilities (IDPD) emphasised that raising awareness about disability issues and the benefits of an inclusive and accessible society for all are important and relevant concerns. While disability inclusion has even become an integral part of the SDGs and therefore of the international policy agenda, persons with disabilities still face many forms of

exclusion. As shown in this research study, access to education and transportation are two key areas in which the participation of persons with disabilities must be ensured. In this regard, international policy frameworks, such as the SDGs and the UNCRPD, must be systematically implemented by national governments and in programmes and projects of bilateral development cooperation.

However, it is important to keep in mind that inclusion does not happen overnight. It is a lengthy process that requires both individual and societal change. Inclusion grows.

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12 Annex

Annex 1: Sample questionnaire for semi-structured interview

Guiding questions for semi-structured expert interviews

Aim: detecting contextual and operational knowledge of the expert

Pre-talk/to be checked previous to the interview:

- Acknowledgement (recognition of the expert status of the person)
- Reason/Topic of the interview
- Assurance of anonymity
- Time frame (8-15 questions = approx. 1 hour)

Procedure

- Introduction of interview partner: room for him/herself to present his/her function (not too long)
- Stimulation of depicting a discrete topic introduction: start with an open question to give the partner the possibility for depicting the topic him/herself (structural) – enough time to finish
- Demand for exemplary and complemental detailing (immanent): let the partner go into detail with a broader view (not through specific questions); Aim: getting as much information on processes and their meaning in our interest area
- Demand for specific detailing: Ask the things that were not covered in the immanent part (questions may be presented as a “problem”)
- Demand for generating interpretations: provoke interpretations to leave the experience level, evaluate things and come to conclusions, prognoses or diagnosis

Modules

- I. Institutional framework: what does it mean to be an expert of disability inclusion, disability inclusion within the organisation, cooperation network
- II. General situation of PwD in Namibia: policy framework, opportunities and barriers
- III. Specific needs in terms of VET (e.g. transition to the labour market) and transport
- IV. Manual
- V. Future visions

I.

1. Please introduce yourself and describe your position in the programme/ministry/school/DPO XY.
2. Some words about your background/motivation: How did you get into position XY/How did it happen that you are working in the field of disability inclusion? What is your motivation to promote the inclusion of people with disabilities?
3. Some words about your organisation/institution:
 - a. How many people are working in your organisation?
 - b. Do you have colleagues with disabilities? (Why not?)
 - c. What are the main topics your organisation is working on?
 - d. Who are your partners in terms of cooperation and exchange?

II.

4. Regarding the last ten years, what are important milestones in terms of the inclusion of People with Disabilities in Namibia?
5. Are there any challenges that disability inclusion is actually facing in Namibia?
6. What is the general perception of person with disabilities or what are local attitudes towards person with disabilities within the Namibian Society? (Why?)

III.

7. In how far do your activities/programmes (ProVET / Transport) address the actual situation (of vocational Education and Training and transport)/these challenges?
8. In your opinion, are there (any other) measures that should be taken to enhance the participation of person with disabilities at the implementation/programme level/in society (regarding education and transport)?
9. Regarding the aim of successfully ensuring a transition of Trainees with Disabilities to the labour market, what are your needs in terms of cooperation?
 - a. In your opinion, what is needed to ensure a successful transition of trainee with disabilities to the labour market?
 - b. What are entry points for the implementation of disability inclusion within the transport sector/the Transport Master Plan of the Northern Region?

IV.

10. According to your experience, what do you expect of a manual for disability mainstreaming for the GDC?
 - a. Can you recommend any tools?

V.

-
11. According to your perspective, please tell us your future vision for a more inclusive society in Namibia.
 12. What are other important/relevant aspects, which were not mentioned yet?

Annex 2: Sample questionnaire for focus group discussion**Guiding questions for Focus Group Discussion with Vocational Trainers**

1. Please tell us what trait you are training and for how long you have been training in this centre?

Follow up questions:

- Why did you become a vocational trainer?

2. Please describe when was the first time when you had people with disability in your training course?

Follow up questions:

- What were your thoughts and feelings about it back then?
- Where you worried about anything, scared, did you have reservations about training PwD at your school?

3. What ideas and beliefs exist in the Namibian society about the causes of disability and what are common attitudes towards PwD?
4. What forms of challenges or discrimination do you think PwD experience in their daily life's in Namibia?
5. What do you think are the main challenges that trainees with disabilities experience in their vocational training in your centre?
6. How is the interaction between the trainees with and without disabilities?

Follow up questions:

- Are they supportive of each other?
- Do they become friends?
- Do you think that the PwD feel respected among their peers in this centre?

7. Where do you as a trainer face challenges in dealing with trainees with disabilities?

8. What ideas/ strategies did you with other trainers or with the director develop to include PwD in the training?
9. What changes do you think need to be made at the institutional level to improve the inclusion of PwD in VET?

Suggestions for the discussion:

- Concerning facilities
 - Curricula
 - Training of VET trainers
10. How do you evaluate the chances of the PwD compared to the other trainees to find a job after graduation?

Follow up questions:

- What are your ideas how PwD's access to the (first) labour market could be improved?
 - Can you think of possible cooperations between your centre and employers to make them considering hiring PwD?
 - What kind of incentives could be created by the state to improve PwD's access to the first labour market?
11. Since you have been working with PwD in your centre for some time now, did your attitude toward PwD change?

Follow up questions:

- Did you have some assumptions about PwD that you revised after you got to know them better?

Annex 3: Codification of interviews

Table 7: Codification of interviews	
Code	Source
Code 1:	Location of data collection w = Windhoek r = Rundu o = Ongwediva/Oshakati
Code 2:	Method of data collection I = Interview F = Focus group discussion W = Workshop report
Code 3:	Research Unit G = Governmental institutions U = University T = VET trainers, teachers of resource/ special schools P = People with disabilities D = DPO B = Business, employers GD = German Development Cooperation
Code 4:	Continuous numbering 001, 002, 003, etc.
Example	Interview conducted with an DPO in Rundu = rIDo23
Source: own presentation	

Annex 4: Manual screening overview

Table 8: Manual screening overview	
State Agencies and governmental institutions	
No.	Organisation and title of the manuals
1.	GIZ (2015): Promoting equal participation in sustainable economic development.
2.	GUZ (2015): Towards disability inclusion. A handbook for the inclusion of people with disabilities in government and ready-made garment sectors.
3.	GIZ (2013): Gender and disability mainstreaming training manual.
4.	GIZ (2012): A human rights-based approach to disability in development.
5.	Austrian Development Agency (2013): Menschen mit Behinderung. Inklusion als Menschenrecht und Auftrag. Anleitung zur Inklusion von Menschen mit Behinderung in das Projekt-Zyklus-Management der OEZA.
6.	AusAid (2013): Accessibility Design Guide. Universal Design Guides for Australia's Aid Programme.
7.	USAID (2014): Equal Access. How to include PwD in elections and political process.
8.	National Disability Council Namibia: Disability Mainstreaming into Public Service.
9.	Ministry of Health and Social Services Namibia (2013): Community Based Rehabilitation CBR

NGOs	
10.	Light for the World (2012): Count me in.
11.	Light for the World/ÖEZA: Community based rehabilitation.
12.	CBM (2013): Disability inclusive disaster risk management.
13.	CBM (2012): Inclusion made easy. (Part A)
14.	CBM (2012): Inclusion made easy. (Part B)
15.	CBM: Inclusive PCM for CBM Staff and Partners.
16.	CBM (2008): Make development inclusive. How to include the perspectives of persons with disabilities in the PCM, guidelines of the EC. Concepts and guiding principles.
17.	CBM (2008): Make Development inclusive. How to include the perspectives of persons with disabilities in the PCM, guidelines of the EC. Concepts and guiding principles. A practical guide.
18.	CBM/ Handicap international (2006): Disability in development. Experiences in inclusive practices.
19.	Handicap International (2011): Making it work – toolkit.

20.	Handicap International (2010): Access to services for people with disabilities.
21.	Handicap International (2008): How to build an accessible environment in developing countries. (Manual 1: Introduction & Accessibility Standards).
22.	Handicap International (2006): Mainstreaming disability in education projects.
23.	VENRO (2010): Gewusst wie. Menschen mit Behinderung in Projekte der EZ einbeziehen.
24.	VSO Jitolee: A handbook on best practices regarding HIV and AIDS for people with disabilities.
25.	Women's Refugee Commission (2008): Disability among refugees and conflict-affected populations.

International Organisations

26.	IDDC: Reaching disabled people in development cooperation. Training manual for development cooperation professionals.
27.	IDDC: Inclusive communication for disability.
28.	IDDC (2013): Accessibility Manual.
29.	WHO (2012): Toolkit on disability for WHO offices, areas and territories.
30.	WHO (2010): Community based rehabilitation guidelines.
31.	International Labour Organization (2008): Count us in.

Source: own presentation

Annex 5: Screening criteria for the manual assessment

Sector of application and manual type

Within the scope of preparing a mainstreaming manual on disability inclusion for the GIZ, disability inclusion manuals in all relevant work sectors of GIZ/GDC must be analysed. These relate to the following aspects:

- promotion of the economy and employment
- state building and democracy (good governance)
- strengthening peace, security and reconstruction
- civil peace service
- food security, health and education
- environment/climate/resource protection
- emergency relief and refugee relief
- deployment of development aid workers

These manuals normally offer specific tools and methods for disability inclusion for the respective sector of the publication. In addition to the various fields of appliance, a lot of manuals take a general approach to the practical work of inclusion, these include:

- project cycle management (PCM)
- disability mainstreaming

A combination of methods and tools for the specific sector and general approaches are usually used in the manuals.

Theoretical and conceptual approaches of the manuals

There are some theoretical and conceptual guidelines that are essential for a manual in the field of disability mainstreaming. By using a set of simple indicators (Meyer, 2004) that allows a clear assignment of issues to a (non-measurable) theoretical concept, the manuals have been analysed and selected for further use in accordance with the following concepts:⁹

⁹ It should be kept in mind that indicators are normally used to measure phenomena providing information about the success of specific projects/activities during monitoring and evaluation, not for analysing manuals. However, the following indicators were designed to assist the research team in finding suitable manuals, which was helpful in the elaboration process.

Participation (cf. GTZ, 2007, 39) means that development should be a process that offers all relevant actors (community members, organisations, associations, parties, etc.) the opportunity to play an active role in all decision-making processes that affect their daily live. There are three dimensions of participation:

1. Democratic participation of community members in decision-making and control-mechanisms.
2. Institutionalisation of participation in politics and society through rules and legal frameworks, enabling and ensuring participation.
3. Involvement of relevant actors in the work processes of development activities.

Indicator

The manual analysed is based on a participatory approach, at least in one dimension of participation. According to the three dimensions, the analysed manuals are:

- Not usable (no participation)
- Partly usable (addressing one dimension)
- Usable (addressing two dimensions)
- Well usable (addressing three dimensions)

Each dimension equates to one point in the manual assessment sheet.

The twin-track approach (GIZ, 2015b) implies that development programmes in various sectors mainstream the inclusion of persons with disabilities in a systematic way and also implement targeted initiatives to address the specific needs of persons with disabilities.

Indicator

Due to the task of elaborating a mainstreaming manual in the field of inclusion, the use of the twin-track-approach is an essential aspect that should be contained in all manuals used by the research team. This leads to a simple indicator, which determines the usage of the analysed manual:

The manual adopts the twin-track-approach. Yes or No

Each yes equates to one point in the manual assessment sheet.

It should be borne in mind that manuals not using the twin-track-approach also could contain useful and potential manual tools for the inclusion of persons with disabilities. Therefore, the following differentiation was also used:

- Manual offers useful tools for disability mainstreaming
- Manual offers useful target initiatives to address specific needs of persons with disabilities (the term useful is clarified below)

A multi-level approach means activities are carried out on the macro, meso, and micro levels, therefore offering the possibility to implement projects on a governmental level, as well as in a regional or local context (Rauch, 2009). While disability mainstreaming can only succeed if it addresses all levels of society and polity, the multi-level approach is fundamental for the mainstreaming process.

Indicator

The manual analysed addresses at least one level of project implementation. The suitability for GIZ is measured according to:

- one dimension
- two dimensions
- three dimensions

Each dimension equates to one point in the manual assessment sheet.

It should be mentioned that all dimensions should be contained in the manual, ensuring suitability for the work of GIZ.

The gender approach (intersectionality) addresses the different social roles attributed to women and men leading to unequal treatment and injustice for women in particular (GTZ, 2007, 38). Due to the fact that intersectional forms of discrimination (especially at the intersection of gender and disability, but also in regard to other social categories such as "class" and "race") play a fundamental role in the perception and treatment of disability, intersectionality is an essential aspect to analyse during the manual screening.

Indicator

The manual analysed pays attention to the connection between gender (or other social categories) and disability and is addressing these issues in concrete proposals regarding inclusion:

Gender and disability play a role in the manual. Yes or No.

Furthermore, the manual addresses the relevance of gender and disability to the inclusion of persons with disabilities in:

- planning of projects
- implementation of projects

- monitoring of projects
- evaluation of projects

Each step equates to one point in the manual assessment sheet.

Socio-cultural aspects of disability play an important role in the research due to the fact that the perception and treatment of disability and impairments are different in each culture/society. Culturally relativistic arguments make it difficult to give clear definitions of culture and disability. However, it should be kept in mind that this correlation is a fundamental part for any successful inclusion of persons with disabilities into specific development projects and into society in general. Therefore, the following simple indicators were used to determine suitable manuals in this context.

Indicators

The manual analysed recognises the important role that cultural beliefs, attitudes and the treatment of persons with disabilities play in inclusion. Yes or No

The manual contains concrete measures and activities that address the correlation between cultural aspects and disabilities. Yes or No

The manual offers concrete activities for awareness-raising and sensitisation in the field of disability inclusion. Yes or No

Empirical and practical framework

A considerable number of manuals address the inclusion of persons with disabilities have been published during the past few years. A lot of publications remain theoretical and offer few practical tools for concrete project implementation. Therefore, the research team paid special attention to empirical and practical aspects of inclusion, delivering concrete ideas and instructions for the work in the field. Simple indicators were developed to identify useful manuals in this context.

Indicators

The manual analysed offers good practices/case studies for successful disability inclusion in at least one part of the project cycle. Yes or No

The analysed manual illustrates disability inclusion through an ongoing practical example/case study. Yes or No

The good practices/case studies are located at the macro, meso or micro level of the project cycle. *Each level equates to one point in the manual assessment sheet.*

The manual analysed offers useful practical tools for the implementation of inclusive activities. Yes or No

The practical tools address at least one part of the project cycle (planning, implementation, monitoring and evaluation). *Each part equates to one point in the manual assessment sheet.*

Creative framework and usability

The fact that the GIZ is working on all relevant levels of development cooperation leads to the challenge that the manual should be comprehensible for planners as well as development practitioners in the field. The systematic analysis also pays attention to the design and didactics of manuals that should ensure the applicability of the publication for all relevant users. This means that the didactics are kept simple, as it is necessary for the different tools of the manual to address different levels of implementation. The following indicators provide information about the usability of the manuals analysed.

Indicators

The language used in manual is appropriate for the respective target group. Yes or No

The manual analysed offers introductory overviews in each chapter. Yes or No

The manual analysed contains checklists/summaries after each chapter/tool, to illustrate the contents, ensuring better comprehension and practicability. Yes or No

The manual analysed offers information boxes with statistics and facts about disability and development. Yes or No

The manual analysed offers comprehensible illustrations of theoretical concepts and practical tools. Yes or No

The manual analysed does not use oversized or inappropriate pictures. Yes or No

Annex 6: Manual assessment sheet

Table 9: Manual assessment sheet	
Sector of appliance:	
Sort of manual:	
Theoretical and conceptual approaches	Notes
Participation	
Points (1-3)	
democratic part.	<input type="checkbox"/>
institutional part.	<input type="checkbox"/>
development part.	<input type="checkbox"/>
Twin track approach	
yes (1p) <input type="checkbox"/> no <input type="checkbox"/>	
Mainstreaming	<input type="checkbox"/>
Targeted initiatives	<input type="checkbox"/>
Multi-level	
Points (1-3)	
Macro	<input type="checkbox"/>
Meso	<input type="checkbox"/>
Micro	<input type="checkbox"/>
Intersectionality especially gender	
Points (1-5)	
Intersectionality appr.	Yes <input type="checkbox"/> No <input type="checkbox"/>
PCM activites	<input type="checkbox"/> Planning <input type="checkbox"/> Implementation <input type="checkbox"/> Monitoring <input type="checkbox"/> Evaluation
Socio-cultural aspects	
Points (1-3)	
Importance	<input type="checkbox"/>
Correlation activities	<input type="checkbox"/>
Awarness/sensitizat.	<input type="checkbox"/>

Table 9: Manual assessment sheet (cont.)		
Empirical/practical framework		
<i>Points (1-10)</i>		
<i>Good practices/case</i> <i>On-going example</i> <i>Dimesions of g.p.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Macro <input type="checkbox"/> Meso <input type="checkbox"/> Micro	
<i>Practical tools</i> <i>Dimenson of practical tools</i>	<input type="checkbox"/> <input type="checkbox"/> Planning <input type="checkbox"/> Implementation <input type="checkbox"/> Monitoring <input type="checkbox"/> Evaluation	
Creative framework and usability		
<i>Points (1-6)</i>		
<i>Language</i>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	
<i>Overviews</i>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	
<i>Checklist/ summaries</i>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	
<i>Information boxes</i>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	
<i>Illustration</i>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	
<i>App propr. pictures</i>	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5	
Total Points (31)		

Annex 7: Codes for qualitative data analysis

Table 10: Codes for qualitative data analysis	
Codes	#
Code-system	1099
Situation of people with disabilities in Namibia	37
Perceptions of people with disabilities in Namibia	20
Negative Perceptions	51
Positive Perceptions	32
Barriers for people with disabilities	8
Attitudinal	48
Environmental	13
Institutional	72
Gender & Disability	29
Cooperation in terms of inclusion and mainstreaming	53
Cooperation needs	44
Policy framework and implementation in Namibia	55
Inclusive activities	78
Educational System in terms of inclusion	37
VET	1
VET Entry Points	5
Environmental	8
Attitudinal	27
Institutional	88
VET Barriers	4
Attitudinal	30
Environmental	17
Institutional	85
Transition to the labour market for people with disabilities	32
Transport	0
Transport Entry Points	1
Attitudinal	10
Institutional	42
Environmental	17
Transport Barriers	5
Attitudinal	22
Institutional	33
Environmental	26
Manual	16
PCM	4
Significance Mainstreaming	20
Implementation Mainstreaming	18
Practical/Empirical	11

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All studies are available for download at www.sle-berlin.de.

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Bettina Kieck , Diana Ayeh, Paul Beitzer, Nora Gerdes, Philip Günther, Britta Wiemers: Inclusion Grows: Developing a manual on disability mainstreaming for the German Development Cooperation, Case study in Namibia. Berlin, 2015	S265, 1
Bettina Kieck , Diana Ayeh, Paul Beitzer, Nora Gerdes, Philip Günther, Britta Wiemers: Inclusion Grows: Toolkit on disability mainstreaming for the German Development Cooperation. Berlin, 2015	S265, 2
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Abdul Ilal , Michaela Armando, Jakob Bihlmayer-Waldmann, Xavier Costa, Anita Demuth, Laura Köster, Alda Massinga, Osvaldo Mateus, Mariana Mora, Regina Pöhlmann, Matthias Schmidt, Luciana Zanotto, Clemente Zivale: Financing Value Chains of perennial fruit crops in Mozambique: Recommendations for future interventions of financial cooperation. Berlin, 2015	S263
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Anja Kühn , Daniel Böhme, Bianca Kummer, Neomi Lorentz, Jonas Schüring, Klemens Thaler: <i>Promotion de la société civile et résilience en Haïti – La contribution de la société civile à l'augmentation de la résilience dans des conditions de fragilité étatique</i> . Berlin, 2013	S257

- Gregor Maaß, Katharina Montens,** Daniel Hurtado Cano, Alejandra Molina Osorio, Mario Pilz, Judith Stegemann, Juan Guillermo Vieira: *Entre reparación y transformación: Estrategias productivas en el marco de la reparación integral a las víctimas del conflicto armado en el Oriente de Caldas, Colombia*. Berlin, 2013 S256
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